

DOCTORAL THESIS

‘The Meaning Of The Child To The Parent’

**The Development and Validation of A New Method of Classifying Parenting Interviews
for The Nature Of The Parent-Child Relationship**

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‘THE MEANING OF THE CHILD TO THE PARENT’

**THE DEVELOPMENT AND VALIDATION OF A NEW METHOD OF
CLASSIFYING PARENTING INTERVIEWS FOR THE NATURE OF THE
PARENT-CHILD RELATIONSHIP**

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A thesis submitted in partial fulfilment of the requirements for the degree of PhD,

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ABSTRACT

‘The Meaning of the Child to the Parent’: The Development and Validation of a New Method of Classifying Parenting Interviews for the nature of the Parent-Child Relationship

The aim of this research has been to develop and validate a new method, called the 'Meaning of the Child', to assess the psychological meaning all children have for their parents, but which in cases of risk, submerge or distort the child's identity (Reder & Duncan 1995). The method analyses parental discourse in semi-structured interviews using attachment theory, understood dyadically, from the perspective of both parent and child.

In its analysis of parental representations of Caregiving, the Meaning of the Child integrates an understanding of adult self-protective defensive processes drawn from attachment theory, in particular Crittenden's theory of adult information processing in conditions of threat (Crittenden & Landini 2011) with the concept of 'inter-subjective dialogues', where parent and child co-construct the meaning of the other (Beebe et al., 2012a & 2012b).

The coding method was developed from interviews drawn from the researcher's work with children and families in the family court system, and then tested with a sample of 85 mothers and fathers, 62 of whom were parents drawn from this 'at risk' context. The remaining 23 were drawn from a US sample of normative mothers. The Parent Development Interview (PDI: Aber et al. 1985-2003) was used to assess parenting representations and coded for Parental Reflective Functioning (RF: Slade et al. 2005) and the new Meaning of the Child (MotC) system. The parents were also videoed in a short free-play interaction, using the CARE-Index (Crittenden 2007), a dyadically constructed assessment of parental sensitivity.

A strong relationship was found between the Meaning of the Child level of Sensitivity/Risk, assessed from how parents spoke about their child, and the nature of their contingent responsiveness, assessed using the CARE-Index. Statistically significant correlations were also found between the level of Unresponsiveness and Control in both the MotC and the CARE-Index. The level of Sensitivity/Risk in the Meaning of the Child was also related to parental RF.

The contribution of the Meaning of the Child to understanding the shaping of infant attachment relationships (the problem of the 'transmission of attachment', [Van IJzendoorn, 1995]), and as an assessment tool to assist intervention with 'at risk' relationships, is discussed and illustrated with case example material. The results of the statistical study together with this analysis, provides good evidence for the Meaning of the Child as a construct, and as an assessment tool to identify and assess the nature of 'at risk' parent-child relationships.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	10
INTRODUCTION: THE MEANING OF THE CHILD TO THE PARENT - 'ACTORS IN SOMEONE ELSE'S PLAY'	11
THE ORIGINS OF THE 'MEANING OF THE CHILD'	11
THE 'MEANING OF THE CHILD' IN ATTACHMENT THEORY: THE SELF-PROTECTIVE TRANSFORMATION OF MEANING	13
A DYADIC APPROACH TO UNDERSTANDING REPRESENTATIONS OF PARENTING	19
THE PURPOSE OF THE RESEARCH.....	22
SUMMARY OF THE STUDY	23
THESIS OUTLINE AND STRUCTURE	28
WIDER AIMS AND HOPES FOR THE MEANING OF THE CHILD	31
SECTION A: OVERVIEW OF RELEVANT LITERATURE	34
CHAPTER 1: THE PROBLEM OF THE 'TRANSMISSION GAP' IN ATTACHMENT.....	35
THE LINK BETWEEN PARENTAL STATES OF MIND IN THE AAI AND INFANT ATTACHMENT	35
A 'DYNAMIC MATURATIONAL' APPROACH TO THE 'TRANSMISSION GAP'	36
'TWO WAY TRAFFIC': A DYADIC APPROACH	38
CHAPTER 2: REPRESENTING THE INTERNAL WORLD: PARENTAL REFLECTIVE FUNCTIONING	41
ASSESSING PARENTING REPRESENTATIONS: INITIAL WORK WITH THE PARENT DEVELOPMENT INTERVIEW	41
THE MOVE TO REFLECTIVE FUNCTIONING	42
PARENTAL REFLECTIVE FUNCTIONING	43
DIMENSIONS OF MENTALISING	49
CHAPTER 3: PARENT-CHILD INTER-SUBJECTIVE DIALOGUES AND THE ROOTS OF DISORGANISED ATTACHMENT	51
MATERNAL AFFECTIVE COMMUNICATION AND THE AMBIANCE MEASURE	51
HOSTILE/HELPLESS REPRESENTATIONS OF CHILDHOOD CAREGIVERS AND PREDICTING INFANT DISORGANISATION	53
A 'DYADIC SYSTEMS' APPROACH TO THE 'CO-CONSTRUCTION' OF ATTACHMENT: THE 'INTER-SUBJECTIVE SPACE'	55
CHAPTER 4: REPRESENTING THE CHILD - THE WORKING MODEL OF THE CHILD INTERVIEW (WMCI).....	61
THE INTERNAL WORKING MODEL OF THE CHILD	61
WORKING MODEL OF THE CHILD INTERVIEW RATINGS AND PATTERNS.....	62
VALIDATION STUDIES OF THE WMCI	63
REPRESENTING THE UNBORN CHILD: STABILITY AND CHANGE IN PARENTING REPRESENTATIONS.....	65
THE EFFECTS OF RECENT TRAUMA ON PARENTING REPRESENTATIONS	67

CHAPTER 5: REPRESENTING CAREGIVING, AND DEFENSIVE ‘INFORMATION PROCESSING’ 70

THE CAREGIVING BEHAVIOURAL SYSTEM	70
CRITTENDEN’S WORK ON REPRESENTATIONS OF CAREGIVING	71
PARENTING ROLES INTERVIEW (PRI)	75
THE CAREGIVING INTERVIEW	77
TOWARDS AN INFORMATION PROCESSING APPROACH TO CAREGIVING REPRESENTATIONS	80
THE CONTRIBUTION OF THE CHILD TO THE ‘CO-CONSTRUCTION OF ATTACHMENT’ – CONCLUDING THOUGHTS	90

CHAPTER 6: THE ROLE OF FATHERS IN SHAPING INFANT ATTACHMENT 93

THE ABSENCE OF FATHERS IN RESEARCH INTO CAREGIVING	93
FATHERS IN ATTACHMENT RESEARCH	95
THE TRANSMISSION OF ATTACHMENT IN COUPLE RELATIONSHIPS	99
A SYSTEMIC APPROACH TO THE SHAPING OF ATTACHMENT RELATIONSHIPS IN FAMILIES	100
CONCLUSIONS	103

CHAPTER 7: THE PLACE OF THE MEANING OF THE CHILD IN CURRENT THEORY AND RESEARCH..... 105

THE ‘MEANING OF THE CHILD’ TO THE PARENT AND THE ‘TRANSMISSION’ OF ATTACHMENT	105
THE FORMATION AND INFLUENCE OF THE ‘MEANING OF THE CHILD’: VISUALISING THE TRANSMISSION OF ATTACHMENT	110
THE MEANING OF THE CHILD PATTERNS	115
THE MEANING OF RISK IN THE MEANING OF THE CHILD	115
THE DISTINGUISHING FEATURES OF THE MEANING OF THE CHILD	116

SECTION B: DEVELOPING THE MEANING OF THE CHILD..... 120

CHAPTER 8: RESEARCH METHODOLOGY 121

THE PURPOSE OF THE RESEARCH AND ITS METHODOLOGY	121
THE METHODOLOGY OF ATTACHMENT RESEARCH	122
THE STANDPOINT OF THE CLINICIAN-RESEARCHER	128
A RESEARCH METHODOLOGY FOR THE DEVELOPMENT AND VALIDATION OF THE MEANING OF THE CHILD	133
THE INFLUENCE OF THE RESEARCH METHODOLOGY UPON THE STRUCTURE OF THE THESIS	142

CHAPTER 9: THE CODING MANUAL - PART 1 (FOUNDATIONS)..... 145

EXPLANATORY NOTE	145
INTRODUCTION	146
HOW IS THE MEANING OF THE CHILD ASSESSED?	148
SELF REPORT QUESTIONNAIRE OR INTERVIEW?	148
THE ADULT ATTACHMENT INTERVIEW	149
THE PARENT DEVELOPMENT INTERVIEW (PDI)	150
DISTINGUISHING FEATURES OF THIS SYSTEM - WHAT OTHER METHODS ARE THERE FOR ASSESSING “THE MEANING OF THE CHILD” AND WHY USE THIS ONE?	151
THE REFLECTIVE FUNCTIONING SCALE (SLADE ET AL. 2005A)	151
THE CAREGIVING INTERVIEW (GEORGE AND SOLOMON 1996, 2008)	153
THE WORKING MODEL OF THE CHILD INTERVIEW (WMCI)	157
THE PARENTS’ INTERVIEW	158

SUMMARY	160
KEY INGREDIENTS OF THE CODING SYSTEM	162
THE DYNAMIC MATURATIONAL MODEL OF ATTACHMENT.....	162
MEMORY SYSTEMS	173
IS THE CHILD AN ATTACHMENT FIGURE? HOW THE MEANING OF THE CHILD DIFFERS FROM THE AAI	179
A NOTE ON GENDER.....	181
THE CARE-INDEX.....	183
SUMMARY	187
 CHAPTER 10: THE CODING MANUAL – PART 2 (CODING PROCEDURE).....	 189
OVERVIEW	189
OVERVIEW OF THE BASIC PATTERNS	193
A NOTE ON PATTERNS.....	193
SENSITIVE CAREGIVING	194
CONTROLLING CAREGIVING.....	195
UNRESPONSIVE CAREGIVING	197
SENSITIVITY / RISK SCALE	199
THE PROCESS OF CLASSIFYING AN INTERVIEW	201
WHAT IS CODING?	201
STAGE 1: READING AND ANNOTATION	202
STAGE 2: GLOBAL AND FUNCTIONAL CONSIDERATION	202
STAGE 3: MEMORY SYSTEM BY MEMORY SYSTEM CLASSIFICATION	203
STAGE 4: MAKING SENSE OF THE EVIDENCE: ASKING QUESTIONS OF THE TEXT.....	206
STAGE 5: PULLING IT TOGETHER	211
CODING ISSUES: UNUSUAL PATTERNS AND AREAS OF UNCERTAINTY	212
INTERVIEW MARKERS AND CODES	217
PROCEDURAL MEMORY	217
IMAGED MEMORY	236
CONNOTATIVE LANGUAGE.....	246
SEMANTIC MEMORY	253
EPISODIC MEMORY	278
REFLECTIVE INTEGRATION.....	307
EXAMPLE CODING SHEET.....	323
 SECTION C: VALIDATING THE MEANING OF THE CHILD.....	 324
 CHAPTER 11: METHODOLOGY OF THE VALIDATION STUDY	 325
THE NATURE OF THE VALIDATION STUDY	325
THE COMPOSITION OF THE SAMPLE	325
MEASURES USED BY THE VALIDATION STUDY	330
CHOOSING AND ADAPTING AN INTERVIEW FOR THE MEANING OF THE CHILD	331
TRAINING OF MEANING OF THE CHILD CODERS.....	333
TIMING OF THE MEASURES	333
ETHICS	334
CODING AND CLASSIFICATION.....	336
VALIDITY AND RELIABILITY	338
HYPOTHESES.....	343

CHAPTER 12: STATISTICAL RESULTS	345
THE STATISTICAL NATURE OF THE MEANING OF THE CHILD CLASSIFICATIONS	345
USE OF THE CARE-INDEX.....	347
RESULTS	348
CHAPTER 13: DISCUSSION OF STATISTICAL RESULTS	366
RELATIONSHIP WITH THE CARE-INDEX: CULTURAL, GENDER AND CONTEXTUAL ISSUES.....	366
RELATIONSHIP WITH THE REFLECTIVE FUNCTIONING SCALE	372
RELATIONSHIP WITH CARE-INDEX PATTERNS OF UNRESPONSIVENESS AND CONTROL	373
CONCLUSIONS AND CASE EXAMPLE	379
SECTION D: CONCLUSIONS.....	387
CHAPTER 14: IMPLICATIONS AND FUTURE DIRECTIONS	388
RE-INTERPRETING THE MEANING OF THE CHILD PATTERNS	388
SENSITIVE PARENTS: FACILITATING A COLLABORATIVE INTER-SUBJECTIVE SPACE	391
CONTROLLING PARENTS: INVADING THE CHILD’S PSYCHOLOGICAL SPACE	399
UNRESPONSIVE PARENTS: PSYCHOLOGICAL WITHDRAWAL FROM THE INTER-SUBJECTIVE DIALOGUE	407
THE MEANING OF THE CHILD BEYOND INFANCY	416
THE ORIGIN OF THE MEANING OF THE CHILD PATTERNS: RELATIONSHIP WITH THE AAI.....	417
A SYSTEMICALLY AWARE APPROACH TO THE ‘TRANSMISSION’ OF ATTACHMENT RELATIONSHIPS: A CASE EXAMPLE	422
CONCLUDING THOUGHTS	428
APPENDIX 1: DIFFERENT MODELS OF CONCEPTUALISING AND CLASSIFYING ATTACHMENT	431
THE ABCD MODEL.....	431
THE DYNAMIC MATURATIONAL MODEL OF ATTACHMENT (ABC+)	432
BIBLIOGRAPHY	439

INDEX OF FIGURES AND TABLES

FIGURE 1: A SYSTEMIC APPROACH TO THE TRANSMISSION OF ATTACHMENT.....	110
FIGURE 2: VISUALISING THE INTER-SUBJECTIVE SPACE.....	114
FIGURE 3: TABLE OF CURRENT APPROACHES TO ASSESSING PARENTING REPRESENTATIONS	119
FIGURE 4: RESEARCH DESIGN OF THE PROJECT (ADAPTED FROM PLANO CLARK ET AL. 2008)	137
FIGURE 5: AN EXPLORATORY RESEARCH DESIGN IN AN EMBEDDED QUAN+QUAL METHODOLOGY	142
FIGURE 6: RELATIONSHIP BETWEEN RISK/SENSITIVITY AND OTHER CAREGIVING PATTERNS.....	191
FIGURE 7: UNDERSTANDING THE MEANING OF THE CHILD PATTERNS	192
FIGURE 8: GLOBAL SENSITIVITY RISK TABLE.....	200
FIGURE 9: DECIDING ON A MAIN PATTERN	204
FIGURE 10: SENSITIVITY RISK TABLE	205
FIGURE 11: DIFFERENT PATTERNS OF RELATIONSHIP WITH THE INTERVIEWER.....	207
FIGURE 12: DIFFERENT PATTERNS OF EMOTIONAL EXPRESSION.....	208
FIGURE 13: DIFFERING KINDS OF SEMANTIC BELIEFS AND DESCRIPTIONS OF PARENTING	210
FIGURE 14: CARE-INDEX SENSITIVITY VS. MOTC SENSITIVITY RISK CORRELATIONS.....	349
FIGURE 15: MEAN CI SENSITIVITY VS. MOTC RISK	349
FIGURE 16: SENSITIVITY RISK CORRELATIONS BY SAMPLE.....	350
FIGURE 17: CONTROL CORRELATIONS - WHOLE SAMPLE	351
FIGURE 18: MEAN CARE-INDEX VS. MOTC CONTROL.....	352
FIGURE 19: CONTROL CORRELATIONS BY SAMPLE	353
FIGURE 20: UNRESPONSIVENESS CORRELATIONS - WHOLE SAMPLE	354
FIGURE 21: MEAN CARE-INDEX VS. MOTC UNRESPONSIVENESS.....	354
FIGURE 22: UNRESPONSIVENESS CORRELATIONS BY SAMPLE	355
FIGURE 23: REFLECTIVE FUNCTIONING CORRELATIONS - WHOLE SAMPLE	356

FIGURE 24: MEAN RF VS. MOTC RISK	356
FIGURE 25: REFLECTIVE FUNCTIONING CORRELATIONS BY SAMPLE	357
FIGURE 26: REFLECTIVE FUNCTIONING / CARE-INDEX CORRELATIONS	358
FIGURE 27: RF / CARE-INDEX CORRELATIONS BY SAMPLE	359
FIGURE 28: CARE-INDEX SENSITIVITY CORRELATIONS BY GENDER.....	360
FIGURE 29: RISK SAMPLE SENSITIVITY CORRELATIONS BY GENDER	360
FIGURE 30: RISK SAMPLE CONTROL CORRELATIONS BY GENDER.....	361
FIGURE 31: RISK SAMPLE UNRESPONSIVENESS CORRELATIONS BY GENDER.....	362
FIGURE 32: MEAN RISK BY SAMPLE	363
FIGURE 33: MEDIAN RISK BY SAMPLE.....	363
FIGURE 34: MEAN PDI RF.....	364
FIGURE 35: MEAN CARE-INDEX SENSITIVITY	364
FIGURE 36: DISTRIBUTION OF MEANING OF THE CHILD RISK STATUS BY SAMPLE	365
FIGURE 37: SENSITIVE PARENT-CHILD INTER-SUBJECTIVITY	392
FIGURE 38: CONTROLLING PARENT-CHILD INTER-SUBJECTIVITY.....	400
FIGURE 39: UNRESPONSIVE PARENT-CHILD INTER-SUBJECTIVITY	408
FIGURE 40: THE ABCD MODEL OF ATTACHMENT	432
FIGURE 41: THE DMM (ABC+) MODEL OF ATTACHMENT	433

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INTRODUCTION: THE MEANING OF THE CHILD TO THE PARENT - 'ACTORS IN SOMEONE ELSE'S PLAY'

The Origins of the 'Meaning of the Child'

What do you suppose is the use of a child without any meaning?

(Lewis Carroll, quoted in Reder & Duncan 1999 p. 39)

'We believe that all children have a psychological meaning to their parents, which if made overt helps make sense of the relationship between them. Exploration of this meaning is especially relevant where there has been a breakdown in the parent-child relationship resulting in rejection, neglect or abuse.'

(Reder & Duncan 1995 p. 42)

Reder and Duncan's studies of fatal child abuse, *Beyond Blame* (Reder, Duncan & Gray 1993) and *Lost Innocents* (Reder & Duncan 1999) drew attention to how parental scripts regarding their children could distort relationships in ways that were dangerous and sometimes fatal to children. They argued that many of the children who died at the hands of their parents...

... had acquired an undeclared script or blueprint for their life that submerged their personal identity or personal characteristics, and this meaning came to dominate the parent-child relationship... The children became "actors in someone else's play".

(Reder & Duncan 1999 p.71)

The aim of this research study has been to use this insight to develop and validate a new procedure (called the 'Meaning of the Child'), designed to examine and classify the meaning that parents give their children and caregiving in semi-structured interviews carried out with them.

The insight that human beings are 'meaning making animals' who shape their world by the stories they tell about it, is not a new one. It is the foundation of the social constructionist critique of the psychological sciences, but also of approaches within, for example strands of Family Therapy (e.g White & Epston 1990), and many approaches to psychological research. The question of the meaning an adult invests in their child, and the way in which it shapes the parent-child relationship also has a long history. There is more than a little of this idea in Winnicott's identification of the "Mirror-Role of Mother and Family in Child Development," (Winnicott, 1967). In Miller's paraphrasing of Winnicott's idea:

The mother gazes at the baby in her arms, and the baby gazes at his mother's face and finds himself therein... provided that the mother is really looking at the unique, small, helpless being and not projecting her own expectations, fears, and plans for the child. In that case, the child would find not himself in his mother's face, but rather the mother's own projections. This child would remain without a mirror, and for the rest of his life would be seeking this mirror in vain. (Miller, 1979 pp. 61-62)

More recently, the literature on reflective functioning, which will form a key part of this project, cast the same idea in different language:

A mother's capacity to hold in her own mind a representation of her child as having feelings, desires and intentions allows the child to discover his own internal experience via his mother's representation of it." (Slade, 2005 p. 271)

The question that arises out of these insights is whether the parental script, or dominant story about a child, can be made visible in a way that supports informed intervention in that relationship. Put more formally, can the meaning a child holds for a parent be made visible and understood and related to the kind of relationship that the parent has with their child, in a systematic and scientifically valid way? The simplest and most obvious way of accessing parental scripts about a child is to interview the parent, but the parents' responses still need to be understood, along with their relation to their parenting as experienced by the child. The purpose of this study is to validate a method of analysing interviews with parents, to investigate the kind of meaning a parent invests in the child, in ways that discriminate the kind of parent-child relationships they define. The basis of the method, the development of which is the subject of the study, is attachment theory, because of the attention that has already been given to the connection between the way in which adults speak about their close relationships and the nature of those relationships themselves.

The 'Meaning of the Child' in Attachment Theory: The Self-Protective Transformation of Meaning

Attachment theory outlines the way in which the meaning of experience is transformed by the need to organise a response to threat (Crittenden, 2008, Farnfield et al., 2010).

Evolution has led to the capacity of the human brain to transform information about past experience into information that will help the individual stay safe in the present:

The only information we have is information about the past, whereas the only information we need is information about the future. Of course, no one knows the future for certain, and each time we act, we hope we understand the situation accurately and have responded appropriately. Our understanding, however, is tied to what we have experienced in the past. That is, we take in sensory information about the present, but we give it meaning on the basis of what we know from the past. That meaning organizes our behavior. (Crittenden, 2008 p. 90, my emphasis)

It was this insight that led the creators of the Adult Attachment Interview (AAI: George, Kaplan & Main 1985) to pay such close attention to adult discourse, and the success of a system of understanding and classifying this discourse in predicting child security (Hesse, 2008). The AAI is essentially classified according to the coherence of the meanings an adult gives to their childhood relationships in a transcribed interview where the adult's patterns of speaking are closely analysed. This success of the AAI Interview in using parents' discourse to predict a child's security of attachment, has led many researchers to look at whether this kind of discourse analysis could also be applied to how parents talk and think about their child in parenting interviews (e.g. Benoit et al., 1997, George, 1996, George & Solomon 2008, George & Solomon 1996, Slade, 2005, Aber et al., 1999).

However, despite this research, the nature of the link between adult representations of *their childhood relationship with their parents* and the parents' ability to help the child feel

protected and secure (as shown in the child's attachment status) has yet to be fully explained. A failure to develop workable methods of assessing sensitive parenting behaviour led to Van IJzendoorn's (1995) identification of a 'transmission gap', referring to a gap in understanding the way in which parental states of mind regarding their attachments actually influence the parent-child relationship. In the words of one researcher summing up the literature:

Unfortunately, the vast corpus of literature on attachment appears to be able to tell us very little about: (1) how a mental representation of one's childhood experiences is reflected in one's interactions with one's child; or (2) why certain types of caregiver-child interaction might facilitate the development of a secure [internal working model] of the relationship within the child. These shortcomings must be recognized and addressed if we are to move beyond a description of the phenomena to an understanding of the mechanisms involved in the formation of attachment relationships. (Meins, 1999 p. 330)

The answer developed here, is that the meaning of the child to the parent is a critical 'mechanism', as it is the manner in which the parent 'constructs' the child and her relationship with her child that forms Winnicott's maternal mirror (Winnicott, 1967) to the infant's gaze.

The method developed and tested as part of this study is based on the belief that the Dynamic Maturational Model of Attachment (DMM: Crittenden, 2008, Crittenden & Landini 2011, see Farnfield et al., 2010 for an overview) provides huge potential for understanding

how this happens. As already been alluded to, the DMM describes attachment patterns in terms of *information processing*, the way in which the brain highlights information that has been relevant to self protection, and omits information that has not led to safe outcomes (Crittenden, 2002). In this way, information about the past is transformed into something that should enable the self to take self-protective action in the present. 'Distortions' of information may prove self-protective, if they dispose the individual to act self protectively by focussing on what is needful in the situation. For example, if the expression of negative affect (such as anger) produces harsh rejection by parents, then attending to one's own states of anger would be dangerous, rather than self protective. Omitting, dismissing, or hiding information about anger, whilst distorting reality may in fact help keep one safe (Crittenden, 2008, Crittenden & Landini 2011, Crittenden, 2002).

Therefore, Crittenden (2008) challenges (or modifies) the prevailing concept of Internal Working Models (Bowlby, 1982, Bretherton & Munholland 2008) as something static, remaining in the mind of the adult or child. Rather she speaks of 'dispositional representations' (Damasio, 2003), 'in the moment' representations, which predispose the individual to action to protect the self or child. Following Schacter and Tulving (1994), Crittenden's contention is that the brain does not store memories, as if there were a library contained within, but rather what is retained is the potential neural network, with its probability of firing in response to certain stimuli. Past memories are newly constructed in the present in order to facilitate the protection of self and offspring, and with the benefit of maturation (Crittenden, 2002, Crittenden, 2008, Crittenden & Landini 2011, Crittenden, 2003a). Crittenden writes:

Experience, either our own or that of our attachment figures need not imprison us. To the contrary, maturation opens the door to continued accommodation to an increasingly varied reality; events outside ourselves use these opportunities to use these maturing intellectual possibilities. The past is fixed, but its meaning is re-written every time it is recalled. Maturation is the means, and mental integration is the process through which future functioning can be expanded to yield a nearly infinite range of human possibility. (Crittenden, 2003a p. 357, my emphasis)

The relevance of this theoretical development for interviews with adult about their children is that these do not access a static model, but display a 'live' processing of information relevant to the protection of the self in the present. Problems in parenting occur because information from and about the child is distorted by the adult's pattern of information processing, leading to either action that is self protective for the adult but not for the child, or failed attempts to protect the child because the parent is paying attention to information that is or was relevant only to their safety not their child's (Crittenden, 2006). Developing the earlier example of the mother who omits and denies their own anger because it was harshly punished; she may ignore, reject, or even punish her *child's* expression of anger in the mistaken, unconscious belief that she is protecting the child from even worse harm, should the child not learn to inhibit anger. The mother is 'teaching' the child to protect herself by instilling in her child the perceived danger of expressing anger. The harshness of the 'teaching' will depend on just how necessary it was for the mother to inhibit anger in

her own past. The problem is that her actions derive from patterns of information processing that were developed in the context of *the mother's* experiences of danger, which may have been traumatic, continuing to have a hold when they are no longer even self relevant to the mother. The distortion is inappropriate and possibly even dangerous because it is not relevant to the context and stage of development of her child in the present.

The method of classifying parenting interviews that is the subject of the study, hereafter called the 'Meaning of the Child' (MotC), makes use of relevant aspects of Crittenden's exposition of this process, which she has developed in relation to the Adult Attachment Interview (Crittenden & Landini 2011), to illuminate interviews of parents *with their children*. Crittenden describes representation in terms of the transformation of cognitive information (about temporal order) and affective information (relating to intensity of stimulation) through different memory systems, each producing representations that dispose the adult to act self protectively. Therefore, as parents 'represent' *their children* in ways that are meaningful to the self *in the present*, one might expect these representations to be especially dynamic given that the relationship is one that is currently evolving, and perhaps currently endangered or dangerous in some way. Therefore, some of the change and instability in parental representations *of their children* that has been observed (e.g. Theran et al., 2005) makes sense, when the effects of current danger are considered.

To take an example of particular relevance to this study, having your child removed and being assessed as to the risks of a reunion, *should* have an effect on the parents' representation of the child, as the relationship is recalled in such a way as to protect the self in the present from the felt loss of the child. Furthermore, the representation of the child

and the parent-child relationship may be organised around the anticipated loss of the child should the relationship be perceived negatively by others. It might be hypothesised (for example) that less *overt* hostility may be shown in such interviews than a) the same mothers may have shown when actually living with their child in normal conditions and b) less troubled parents for whom having their anger and frustration understood by a sympathetic observer may actually function protectively in the present. However, those for whom hostility towards the child has functioned protectively may, nevertheless, represent that hostility in less overt and obvious ways. Those who have had to depend upon hostility to fight off intrusive threat, develop unconscious representations of that hostility as they need to act fast, and conscious decision-making may be too slow for effective self-protection. Such adults may not be able to modify these representations to manage a different threat posed by the interview, and so a discrepancy emerges between the parent's conscious, 'safe' representation of the relationship, and the unconsciously hostile meanings that emerge in other ways (Crittenden, 2008).

A Dyadic Approach to Understanding Representations of Parenting

However, perhaps a more important variable in understanding parental representations of their children is the extent to which the child is perceived as an extension of the self (requiring protection and nurture) or an attachment figure (eliciting the attachment strategy of the adult to protect themselves and elicit nurture). Parents who are more endangered (and especially those who continue to exhibit signs of unresolved traumatic experiences) may be more inclined to perceive their child as a threat, and respond to them in the same way that they responded as a child to the adults who threatened them. As an adult, a

parent may equate the child with partners who abuse or abused them, and equally represent their child as a threat.

For these reasons, the system of understanding parental representations developed here has not been designed to match adult attachment patterns drawn from the AAI, although AAI's attention to the transformation of meaning in adult discourse is a key ingredient. Crittenden's work on applying the Dynamic Maturational Model of attachment to the AAI might suggest that some of the predictive value of the AAI in relation to child attachment is at least partly a function of over-simplistic methods of assessing both adult and child attachment (Shah, Fonagy & Strathearn 2010, see Chapter 1). Whether or not this is the case, to tie the model of understanding parental representations of their children too closely to AAI patterns of attachment, as some do (e.g. George & Solomon 2008, see discussion in Chapter 5 below) is to beg the question of the transmission gap (how parental states of mind regarding their attachments affect the child's security) rather than help explain it. To understand how parental representations of their child and their own parenting actually translate into behaviour and relationship with the child, a system is needed that is conceptually comparable with a measure of parent-child behaviour and relationship. In particular, if the focus of the study is the meaning of a child to the parent, maternal sensitivity needs to be looked at dyadically, related to what is going on in the relationship with a particular child. This study seeks to use Crittenden's CARE-Index (Crittenden, 2007) for this purpose.

The CARE-index is a system for classifying the videos of 3-5 minute interactions of parents with their infant or preschool child, where the parent is simply instructed to "play with your baby (or child) as you would normally do". It has been validated as a screening tool for at

risk relationships (Farnfield et al., 2010) as well as a way of identifying unhelpful patterns in parent-child relationships, in order to inform successful intervention (Svanberg, 2009, Svanberg, Mennet & Spieker 2010). Its particular value in understanding parental discourse about their children is that the focus of assessment in the CARE index *is the dyadic relationship* – the way in which the parent and child are connected. Parents whose behaviour towards the child is contingent to their child in positive ways are labelled ‘Sensitive’. Those for whom the contingencies are predominantly negative are coded as ‘Controlling’. Parents who are unconnected to their children (i.e. the behaviour of parent and child lack contingency in relation to each other) are labelled ‘Unresponsive’ (Crittenden, 2007). The concept is dyadic, because the parent’s behaviour is sensitive because the child experiences a predictable positive response from the parents to their actions, controlling because the child experiences parental responses as unpleasant, and unresponsive, because the child would be unable to make sense of the parents ‘responses’ because they are unrelated to the child. In other words the child’s responses not only influence the parent, but also how the parent’s actions are understood and interpreted in terms of what is seen as insensitive or sensitive parenting. Furthermore, patterns observed in the parent are related to expected patterns in relation to the infants’ cooperation with the interaction (Crittenden 2007): a sensitive parent will have a child who cooperates; parents classified as controlling or unresponsiveness will have children whose patterns of behaviour have developed in order either to limit that control or unresponsiveness, or minimise the harm the child might experience as a result of it.

A principal aim of this study, therefore, has been to develop a method of discriminating the meanings parents give to their children and caregiving that can predict the patterns that can

be observed behaviourally through coding videotaped interaction. More widely, it is hoped that the patterns developed by the Meaning of the Child can also be used to screen for risk in child protection and in family relationships, as well as inform potential therapeutic or statutory intervention. The CARE-Index, although validated as we have seen for these purposes, can only offer very limited information about what is going on in the parent's mind. The Meaning of the Child has been developed to try and understand the thinking behind the face-to-face behaviour seen in the CARE-Index. If it is possible to match patterns of discourse to patterns of behaviour in relationships in a conceptually comparable way, as the Meaning of the Child attempts to do, then this will add to understanding of the way in which parental states of mind influences child development, as well as prove a useful tool in the assessment of troubled families.

The Purpose of the Research

The objective of this research study has been to develop and validate a new procedure to assess 'the Meaning of the Child to the Parent'. The Meaning of the Child procedure is based upon the use of attachment theory to illuminate the manner in which parents process information about their child and relationship with their child self-protectively. The development and validation of the Meaning of the Child has been guided by its intended use both as a clinical tool to guide intervention with struggling and 'at risk' children and families, and as a research instrument that may add to current understanding of the influence of parental states of mind in shaping infant attachment relationships.

Summary of the Study

This study, therefore, is intended to describe and evidence the development and validation of a procedure for studying parental representations of their child and their caregiving. As such it differs from a research project designed to use an established method to answer other questions, because the development, explanation of and validation of the method is the core of the project. The procedure itself (both described and defined in the Coding Manual, included as Chapters 9 and 10 of this thesis) is as much the product of the research as the results of the validation study.

The need for the Meaning of the Child grew out of the researcher's work leading a team of multi-disciplinary professionals using attachment methods such as the CARE-Index and the Adult Attachment Interview to assess parents whose care of their children was thought to be dangerous or risky in some way (the ethical and other issues arising from conducting research in this context are discussed in Chapter 11 below). The Parent Development Interview (PDI: Aber et al., 1985 - 2003) was used to investigate parental discourse about the child, but it quickly became clear that the existing coding method in which we were trained (the Reflective Functioning Scale: Fonagy et al., 1998, Slade et al., 2005a) did not capture enough of the information that the interview was giving. In particular, the method looked closely at the parents' ability to mentalise about the child and themselves, but failed to explore the nature of the parent-child relationship as revealed in the interview. Other methods (e.g. the Caregiving Interview: George & Solomon 1988 - 2007, The Working Model of the Child Interview: Zeanah, Benoit & Barton 1986) were not felt to suit either, primarily because they could not discriminate between different kinds of 'at risk' relationships (see Chapters 1-7 for a fuller discussion of these issues). Working with a population where most

of the relationships were considered to be 'at risk' in some way, these coding systems lacked the ability to make the kind distinctions that might usefully inform intervention.

Therefore, this researcher developed¹, as part of this project, a new method (called the 'Meaning of the Child'²) to try and 'capture' and make sense of the information that it was

¹ The development of Meaning of the Child system, its validation, and its write up, have been the sole work of this researcher, carried out as part of this study. All interviews that have formed part of this study have been classified by the researcher according to the Meaning of the Child system he developed, as is all the analysis in this study. However, the Meaning of the Child was developed for actual use in the assessment of and intervention with families that used the service that this researcher managed, before its closure in 2012. All the 'at risk' interviews were carried out for the purposes of clinical and forensic work, and their use for research has been secondary (see the discussion on Ethics in Chapter 11). The researcher has therefore been able to use in the research interviews carried out by colleagues in the course of their work with families, where appropriate, as well as classifications of other measures (e.g. the CARE-Index) that the researcher was blind to for the validation of the Meaning of the Child, in keeping with good research practice. The researcher has also been indebted to colleagues for blind CARE-Index classifications of the US sample, as the necessary 'blindness' and objectivity needed for validation purposes could not have been achieved had the researcher classified these videos at the same time as analyzing the interviews using the Meaning of the Child system. The researcher has trained colleagues and other course participants in the Meaning of the Child in order to demonstrate its replicability. One colleague has provided double codings of a proportion of the normative sample as a test of inter-rater reliability. These contributions are detailed within the Methodology of the validation study in Chapter 11. Finally, the researcher is indebted to the reflective context in which he has worked for the past 5 years; the insight and values of colleagues has shaped both the researcher's outlook and

believed the other systems were missing, information that it was thought might be helpful in assessing and understanding struggling families. The PDI interviews that had been carried out were studied and compared with the other information held (CARE-Index videos, Adult Attachment Interviews, Case histories and notes of other unstructured interviews). Insights derived from this process, together with a theoretical understanding were put together to develop the original Coding Manual, the final version of which is included as Chapters 9 and 10 of this study. The process outlined in the manual was then refined through coding new interviews, and finally tested through the classification of interviews where CARE-Indexes were also carried out and separately classified by colleagues, blind to the nature of the parenting interviews. These interviews were collected and classified over a 3-year process, and form the 62 interviews and CARE-Indexes of the 'at risk' sample. Many more interviews were conducted and classified but not included, perhaps because of the lack of a blind

provided the kind of stimulation in which it has been possible to develop the ideas behind the 'Meaning of the Child'.

² The 'Meaning of the Child' refers to the procedure of classifying parenting interviews that has been developed and validated as part of this project. The 'meaning of the child to the parent', refers to the construct or concept that the Meaning of the Child procedure aims to assess.

³ A fuller description of infant and adult patterns of attachment is given in the Chapter 9. Please also see

CARE-Index coding, or because the age of the child, or the nature of the relationship to the child (e.g., interviews with foster carers) was not comparable. Because of other information known about these families, the interviews were still able to contribute to the developing method. In addition, the method has been taught to four groups of practitioners (approximately 60 people in total), from different professional backgrounds, with and without a background in attachment theory. These trainees also classified practice transcripts and some a coder reliability test. The process of teaching the method was used to further refine both the manual and the method it describes. Finally, the Meaning of the Child procedure was tested through the blind classification of 23 normative interviews and CARE-Index videos that were part of a US sample, collected by Strathearn and his colleagues (2008, 2009) in their study of fMRI scans and the AAI, but not used by these researchers. Chapter 8 discusses the overall research methodology behind this project, and the process of developing a new measure and the issues that arose. Chapter 11 explains the methodology of validating the Meaning of the Child through quantitative analysis.

The procedure uses attachment theory, and in particular the 'Dynamic Maturational Model of Attachment' (called the DMM) developed in the work of Crittenden (Crittenden et al., 2013, Crittenden, 2008, Crittenden & Landini 2011, reviewed in Farnfield et al., 2010), to understand the meaning of a child to a parent in the context of the way in which the brain transforms information about relationships and the individual's experience of them in order to protect the self from threat. Parents who have experienced greater danger and threat will need to transform the meaning of their relationships, including and perhaps especially the meaning of their own child, in order to feel safe. The consequence is that the meaning of the child becomes less related to the actual child they are parenting and more related to

the adults' need to stay and feel safe, and the habitual mental processes developed as a result of this. Therefore the 'meaning of the child' is not assumed here to be a simplistic extension of the parent's attachment pattern (his or her means of staying safe in relationships) but a dynamic product of the interaction between the parents' historic and current relationships, past and present experiences of threat and danger, and the actual child or children they parent, who must play a specific role in this drama.

The 'meaning of a child to his or her parent' (the construct that the Meaning of the Child attempts to define and assess), therefore, can be seen as the way in which a parent is connected to their child in his or her mind own mind. The Meaning of the Child coding procedure began with the idea of extending the concept of contingency to describe the way in which a parent thinks about their child, and shows that thinking in their discourse in a parenting interview. The nature of the contingencies between parent and child observed in the CARE-Index procedure is here considered to be an outworking of how parents think about their child. Sensitive parents, who show a mutually pleasurable relationship in the CARE-Index, are thought to show a positive connection to their child when speaking about them in parenting interviews. Parents who are seen to control and manipulate their children are thought to hold a negative opinion of their child, and/or have intense, unrealistic expectations of their child that their child cannot meet. Parents who are not contingent with their child in face-to-face interaction, are thought to distance them in their mind by relating to a generalised, idealised child, that is not related to the child in front of them. The idealised meaning of the child is seen as a defence against the negative feelings elicited in parenting. Being a 'mirror' to a hurting child is a painful process for many parents, and adults who have learned to avoid or dismiss those feelings often do so in

parenting through holding a picture of their child and their relationship with their child that omits them. These hypotheses were used to develop a system of classifying parenting interviews for the meaning of the child that is the subject of this thesis. These theoretical underpinnings of the procedure are explained in the Coding Manual (Chapters 9 and 10) along with the process of identifying these issues in parental discourse.

Thesis Outline and Structure

The structure of this thesis reflects the fact that it relates to the development of a new procedure, rather than using established procedures to answer new questions. The theoretical basis and current literature is discussed in **Section A**, Chapters 1 – 7, together with the relationship between the Meaning of the Child to existing knowledge and procedures. In particular, the Meaning of the Child is seen as contributing to understanding the problem of the ‘transmission gap’; the process of how parental states of mind regarding their attachment relationships shape the child’s security or otherwise. Current approaches to understanding and assessing these issues are discussed, with a view to explaining and justifying the theoretical assumptions upon which the Meaning of the Child is based, as well as demonstrating its purpose and potential contribution to the study of attachment relationships.

Section B describes the methodology of the project and specifically of developing the Meaning of the Child, as well as containing the system itself. The interpretive nature of the use of semi-structured interviews to assess attachment; the standpoint of the clinician-researcher who is interested in particularising research to individual cases; and the exploratory nature of a study that is *creating* an instrument capable of yielding quantifiable

data from interview transcripts; all contribute to an exploratory and embedded mixed methods research design. This design, its assumptions and the rationale behind it, are outlined and explained in Chapter 8, which also focuses on the process and methodology of *developing* the Meaning of the Child as both a research instrument and a clinical tool.

Chapters 9 and 10 are the outcome of this process; the Coding Manual. This manual has been written both to explain and outline the system and also to teach it to others (rather than directly as part of a PHD thesis). It has nonetheless been included because essentially, the manual *is* the system that this study has been developing and validating. The first half (Chapter 9) introduces and outlines the essential concepts and theoretical background to the system. For example, an outline of attachment theory is given, the basic patterns of attachment, and Crittenden's account of information processing in conditions of threat is explained. As such, it can also serve as a background to the discussion of the attachment literature in Chapters 1-7, which may assist readers with limited prior knowledge of the field. The second half (Chapter 10) outlines the process of coding interviews for 'the Meaning of the Child'. It provides a detailed and in depth analysis of the particular patterns of speaking in parenting interviews (called 'Discourse Markers') that the system identifies and interprets.

Section C is devoted to the validation of the Meaning of the Child. In keeping with the nature of the instrument itself, as well as the field of research into attachment relationships (and in particular the validation of similar procedures), the primary method of examining the validity of the Meaning of the Child procedure is 'quantitative'. In particular, validity is established by testing this procedure via comparing the classification of parenting interviews with the results of CARE-Indexes conducted with the same parents and their children, i.e.

comparing a dyadic understanding of parental representations with a dyadic measure of parent-child face-to-face interaction. As explained above, the Parent Development Interview (Aber et al., 1985 - 2003) has been administered to 85 parents of children under the age of three. The use of the PDI has allowed the classification of the Meaning of the Child to also be compared with the Parent's level of Reflective Functioning (RF). The concept of RF refers to the parent's ability to understand his or her behaviour and that of the child in terms of underlying mental states (Slade, 2005, Fonagy, 2006), the primary system currently used to classify the Parent Development Interview (Slade et al., 2005a). This methodology of validating the Meaning of the Child, and the rationale behind it, is described in Chapter 11. Chapters 12 and 13 describe and analyse the statistical validation of the procedure. Case study material is used to illustrate and explain issues arising from the statistical study reflecting both the exploratory research design, and the secondary aim of creating a tool for clinical understanding of individual parent-child relationships.

Section D (Chapter 14) uses this integrative approach to draw together both the results of the quantitative validation of the Meaning of the Child, and the researcher's experience of using and teaching the Meaning of the Child over a 3-4 year period, to develop the understanding of the patterns identified by the Meaning of the Child in respect to specific Case Examples, as well as discuss areas of future study of parent-child relationships using the Meaning of the Child. Part of the point being made in this study is that the 'meaning of the child' to the parent is something created by both the parent and the child, and so the process of generalised classification must inevitably simplify, and be somewhat 'reductionist' in losing the aspects of the story that are unique to *this* parent and *this* child.

The procedure has been developed as a tool for making this meaning and this process visible, as much as it is a method of arriving at a classification.

Wider Aims and Hopes for the Meaning of the Child

It is hoped in this way, that the development of a procedure examining 'the meaning of the child' to the parent will shed light on the problem of the 'transmission gap', the way in which adult security or insecurity regarding their own their past close relationships affects the security of the child. The aim has been to develop a procedure that is essentially dyadic; although only the parent is interviewed, the procedure is designed to examine the way in which the child and the relationship exists in the mind of the parent, in a way that can predict how that parent will behave with the child in the room.

As we have seen the CARE-Index as a measure of parent-child face-to-face interaction is useful here, because it relates patterns of parental sensitivity to child patterns that are the beginnings of infant patterns of attachment. Children of sensitive parents develop cooperative, mutually pleasurable relationships. Children of controlling parents will either struggle with them or, when the control is more pervasive or predictable, will fit in and comply with parental expectations (and so are classified 'compulsive' in the CARE-Index). Children of unresponsive parents will usually be either passive (because they have nothing to respond to) or 'passive-difficult' where their passivity is mixed with attempts to provoke

the parent into some kind of response. Passive-difficult, and difficult child CARE-Index patterns tend to be the precursor of Type C³ (sometimes called coercive or ambivalent); patterns of attachment that aim to make carers more attentive and predictable by engaging them in a struggle. Passive children who do not find a way of ‘cajoling’ their parents into attending to them tend to become children who ‘drive their own train’ in meeting their own needs, and may try and take care of the parent in a role reversed manner, in order to increase their availability and ability to protect them. These, together with the compulsive children who ‘fit in’ with the expectations of controlling parents, are all Type A patterns (termed avoidant, inhibited, or compulsive).

If the ‘Meaning of the Child’ is found to correlate with parental patterns in the CARE-Index, we can therefore see how parental states of mind relating to the child result in patterns of parenting that elicit the different infant patterns of attachment in response. In doing so the method would shed light on crucial links in the transmission of attachment. What remains of course is the relationship between the Adult Attachment Interview and the Meaning of the Child on one side, and the Meaning of the Child and Child Attachment status on the other (see the discussion, Figure 1 and Figure 2 in Chapter 7 below, from p. 110). Full AAI data is not available for this study, and the patterns identified by the Meaning of the child

³ A fuller description of infant and adult patterns of attachment is given in the Chapter 9. Please also see Appendix 1, which explains the differences in classificatory systems of attachment.

have not been designed to mirror AAI classifications. However, the use of some similar concepts in the development of the 'Meaning of the Child, the existence of some AAI data (though not enough for statistical analysis) along with sections of the PDI where the parent is asked about their experiences of being parented, does offer information that is analysed through specific case examples in Chapters 13 and 14. Similarly, whilst the infant and child CARE-Index's scores give some indication, the child's attachment status is also not known. This study has not been designed to provide an account of every link in the chain – and give a whole and complete answer to the question of the transmission of attachment. However, it is contended that the Meaning of the Child measure 'fills' in an area that has not been fully captured by other studies, and so offers its own unique contribution to this area of research.

SECTION A:

OVERVIEW OF RELEVANT LITERATURE

CHAPTER 1: THE PROBLEM OF THE 'TRANSMISSION GAP' IN ATTACHMENT

The Link between Parental States of Mind in the AAI and Infant Attachment

As has already been noted, a consistent link has been found between an adult's state of mind regarding their attachments and the security of their children, since the development of the AAI classification system by Main and Goldwyn (1994). Indeed, the link has even found to hold when the AAI is administered in pregnancy, predicting the attachment of the child is measured up to a year *after* birth (Fonagy, Steele & Steele 1991). As Slade and her colleagues comment:

'Numerous investigators have replicated these findings in the intervening years, confirming time and again that a mother's capacity to regulate and organise her own thoughts and feelings about relationships with her primary caregivers is linked to her capacity to regulate, organize and sensitively respond to needs for comfort, proximity, and safety in her child.' (Slade et al., 2005b p.283)

However, this begs the question as to how? A child cannot see their parents' mind, and still less their past experiences in childhood. The assumption was that parents classified as secure would respond to their child's need for comfort and protection sensitively, and that this in turn would allow the child to feel secure and protected (leading to their own secure attachment classification). The problem has been to identify what sensitive behaviour actually is (Meins, 1999). For the most part efforts to rate this proved unsuccessful and

provided only weak links, leading as we have already seen, to one well known meta analysis of the data to identifying a “transmission gap” (Van IJzendoorn, 1995).

A ‘Dynamic Maturation’ Approach to the ‘Transmission Gap’

It is worth noting here that research using the DMM-AAI⁴ (Crittenden & Landini 2011) casts the problem in a somewhat different light. Whilst not denying the general thrust that disordered and incoherent thinking in the AAI will result in parental difficulties and troubled child attachment, Crittenden contends that the “disorganised” category, the term Main and Solomon (1990) used to identify the most troubled pattern of attachment⁵, has lumped together diverse attachment organisations. This has the effect of exaggerating stability and the so called ‘transmission of attachment’, and masking the impact of maturation on attachment, as well as the need for children to adapt around different dangers that may be

⁴ A fuller, more general explanation of attachment theory, attachment patterns and the Dynamic Model of Attachment in particular is given in Chapter 109 (the Coding Manual: Foundations). An explanation of the different models of classifying attachment is given in Appendix 1.

⁵ Please see the note on classificatory systems in Appendix 1. Crittenden’s DMM system of classification (Crittenden 2008) is also called the ABC+ system as it extends Ainsworth’s original classifications (Ainsworth et al. 1978), contrasting with the ABCD system following Main and Goldwyn/Main and Solomon in the addition of the Disorganised classification to the Ainsworth’s original ABC patterns.

inherent in the care given to them by their parents (Crittenden, Partridge & Claussen 1991, Crittenden, 2008).

In particular, Crittenden predicts patterns of intergenerational reversal of attachment where children are endangered, i.e. in situations where parental patterns create a threat that the children organise their strategies around (Crittenden, 2003a, Crittenden, 2008); for example, children compulsively inhibiting their own needs and signals to place a punitive angry parent (an A4 child to a C3 parent in terms of DMM attachment patterns, see Appendix 1). Crittenden's contentions have empirical validity in Shah, Fonagy, and Strathearn's (2010) study that found that, whilst security predicts security in the transmission of attachment (and so insecurity predicts insecurity), insecure patterns of DMM-AAI mothers predicted conceptually opposite patterns in their children, as Crittenden has argued. This finding is obscured by the 'catch all' Disorganised category, but predicted by the DMM theory, which does not have continuity of attachment built into the construct (Shah, Fonagy & Strathearn 2010, Crittenden, 2008). This finding was replicated in a Finnish study that included fathers (Hautamäki et al., 2010).

The relevance of the point here, is that the 'transmission gap' may not so much imply that maternal sensitive behaviour has no relevance to child attachment (as has been said, maternal behaviour is ultimately the only aspect of their mother the child has access to), but rather attempts to classify both the attachment of the mother, her sensitive behaviour, and the attachment response of the child, have not sufficiently captured the dynamic and developing way the two interact. The parent is simultaneously responding to outside danger, and her own maturing child, and the child is responding to her parent with continually new possibilities opened up by her own development. Most attempts at

measuring maternal sensitivity have scored the presence or absence of certain kinds of maternal behaviour, and the quantity or level of desirable or undesirable maternal actions, rather than looked for *patterns* of mother-infant interaction. The CARE-Index, which examines parental sensitivity in relation to the child in the context of child cooperation with the parent, is an exception to this. Behaviour is coded *functionally*, in terms of what it is achieving, or looking to achieve in terms of the relationship, rather than from a static description of certain sorts of behaviour that could serve different functions in different relationships (Crittenden, 2007).

‘Two Way Traffic’: A Dyadic Approach

The point is important because most of the literature on the transmission of attachment seems to make the implicit or explicit assumption that the ‘transmission’ is one way traffic; i.e. maternal experiences of caregiving, lead to maternal sensitive caregiving (or otherwise), resulting in child attachment. The traditional formulation is on the face of it the obvious conclusion from studies such as Fonagy et al. (1991) that so closely predicted child attachment from Maternal AAI’s in pregnancy. However, prediction is not the same as a causal relationship, and it neglects any contribution of the child (as well as other circumstances) to the mother’s caregiving, and even potentially to her current state of mind regarding her past attachments. Interviews such as the Reaction to Diagnosis Interview (Pianta & Marvin 1993, Pianta, Marvin & Morog 1999) used with parents of disabled children, responding to that diagnosis, show how the advent of such long-term diagnoses function as a loss that many struggle to resolve, with consequences for the parent-child relationship (Oppenheim et al., 2007, Solomon & George 2000). The point is wider than simply the advent of disability, but pregnancy and maternity itself has been seen to have the

potential to lead to reorganisation and change (Slade et al., 2009). In addition, Biringen et al. (2000) showed that maternal sensitive caregiving at 18 months predicted how the mother represented herself as a caregiver at 39 months. Early maternal experiences appeared to be defining of the mother's self-characterisation in the way that later experiences were not. More recent studies (Spieker & Crittenden 2010, Solomon & George 2011a) have shown that maternal AAI representations can be affected by current maternal experiences, including caregiving. George and Solomon in particular write:

'We have argued that caregiving representations do not reflect a simple 'readout' of earlier attachment related experiences, but incorporate the child's contribution as well. Thus the mother's current appraisal or thinking about the parent-child relationship reflects her immediate 'retranscription' ... or reconstruction of experiences with the child, in part interpreted in light of her representation of herself in interaction with her attachment figures' (Solomon & George 2011a p. 27)

and

'Difficulties that the mother experiences with the child may constitute another kind of life experience that colours her current representation of the past; and this construction of the past might in return reinforce her current perception of the child, making it more difficult for the dyad to overcome the negative spirals of interaction to which they are clearly subject.' (Solomon & George 2011a p. 44)

In other words, the parent's current relationship with the child and the meaning she (or he) derives from it stands at the fulcrum of a two-way process. Not only does a parent's past experience influence interaction with the child, but that same interaction is capable of changing the parent's representation of the past: "The past is fixed, but its meaning is re-written every time it is recalled" (Crittenden, 2003a p. 357).

The Meaning of the Child is an attempt to take this same dyadic focus and apply it to parental discourse about the child, and the parent-child relationship. It would seem that understanding the meaning that a parent is giving to their interaction with the child is therefore crucial in making sense of what is going on for both the parent and the child. In making visible this live process of 'retranscription' (West & Sheldon-Keller 1994), it is argued, the Meaning of the Child helps 'fill in' crucial elements in the process of the transmission of attachment that have contributed to the 'gap' noted by researchers. However, it is clearly not the first procedure to attempt to measure parental representations of their child and parenting, and so its contribution needs to be seen in the light of these other attempts to 'bridge the gap'.

CHAPTER 2: REPRESENTING THE INTERNAL WORLD: PARENTAL REFLECTIVE FUNCTIONING

Assessing Parenting Representations: Initial Work with the Parent Development Interview

Having identified the problem of the ‘transmission gap’ researchers naturally realised the need to develop tools for looking at the way adults speak about their children, so that links between this and their parenting on one hand, and their states of mind in the AAI could be examined. The Parent Development Interview (PDI: Aber et al., 1985 - 2003, Slade et al., 2005a, a version of which was used in this study) was one of the first to be developed. Initially, it aimed at assessing parental representations of their children, and themselves as parents (Aber et al., 1999, Slade et al., 1999) but was later modified to primarily assess parental reflective functioning (Slade et al., 2005a, Slade et al., 2005b), using the concepts and a system allied to that Fonagy and colleagues developed for the Adult Attachment Interview (Fonagy et al., 1991, Fonagy et al., 1998).

In their initial study however, Slade et al. (1999) coded 150 PDI’s from a ‘working class’ and ‘middle class’ rural sample. They used a coding system based on three dimensions: parental representation of their own affective experience, parental representation of their child’s affective experience, and state of mind codes. 16 variables were analysed yielding 3 clear factors: a) Joy-Pleasure Coherence, b) Anger, and c) Guilt classifications, and mothering measures. These were then compared to AAI classifications and also an analysis of mothering behaviours. Mothers who were securely attached on the AAI scored higher in relation to Joy-Pleasure Coherence, and dismissing mothers scored higher on the Anger dimension. Similarly, those mothers who scored higher on the Joy-Pleasure Coherence

dimensions engaged in more positive mothering behaviours, and those who scored higher on the Anger dimensions engaged in less positive mothering. Comparable findings have also been seen in the use of the PDI in the adoption study of Steele and her colleagues (2008, 2003). They found that adoptive parents of late placed adopted children showed greater levels of anger and hostility than parents of adopted children placed in infancy, needed more support, and reported more child aggression, controlling behaviour, over-friendliness and rejection by the child. They also found that insecure adoptive parents, especially those with unresolved loss or trauma, were more likely to represent their adopted children negatively.

The Move to Reflective Functioning

However, Slade and her colleagues found their original system of coding somewhat complex and cumbersome (Slade, 2005) and began to look at Fonagy's and colleagues' work at the London Parent-Child project on reflective functioning (Fonagy et al., 1991, Fonagy et al., 1998) as having potential to be adapted for use with the PDI. Fonagy and his colleagues developed the concept of reflective functioning – the adults' ability to think about the mental states that underlay the behaviour of their parents and their childhood selves, as described in the AAI. High reflective functioning (referred to as RF) was found both to be a predictor of secure attachment (in both the adult and their dependent children) and also to be an indication of resilience in the face of early adversity. In other words, individuals with moderate to high reflective functioning were much less likely to develop mental health difficulties as a result of early trauma. Corresponding negative predictions were found in relation to low reflective functioning (Fonagy et al., 1991, Fonagy et al., 1998, Fonagy, 2006).

These findings were repeated in others studies using the same measure. In Steele et al.'s adoption study mentioned above (Steele et al., 2008), the Reflective Functioning of adoptive mothers *in the AAI* was compared to 27 scales relating to the attitudes of adoptive mothers to their child *in the PDI*, as well as their need of support. They found that high RF correlated with coherence, warmth, richness, recognising need for support, and ability to reflect on the their relationship with their adopted child at 3 months, 1 year, and 2 years into placement. Steele and Steele (2008), in an overview, report that Maternal RF, measured during pregnancy with the AAI, has been able to predict infant attachment security (at 12 months), children's theory of mind skills (at five years), and children's educational self-esteem (when 11 years old).

Parental Reflective Functioning

At a similar time, developed in parallel to the concept of parental Reflective Functioning, Elizabeth Meins (Meins, 1999, Meins et al., 2001, Meins et al., 2003) has articulated the concept of 'mind mindedness' in mother's communication with their infants, and related a measure of the mentalising of mother's communication in face-to-face interaction with their child, to maternal sensitive caregiving, infant attachment security, and the child's theory of mind (children's reflective functioning). In a similar vein, Dubois-Comtois, Cyr, and Moss (2011) related the nature of maternal conversations about mental states with their school age children to the nature of the child's attachment status. Taking Meins' concepts, 'one step back' to the level of how parents represent their interaction with their child, Koren-Karie and Oppenheim have developed the Insightfulness Assessment (IA: Koren-Karie & Oppenheim 2004). The IA assesses the mentalising of parents in an semi-structured interview relating to the parents' perceptions and observations of 3 film clips taken of them

interacting with their child. Correlations were found between secure attachment (Type B) and positive insightfulness, ambivalent/resistant attachment (Type C) and one sided mentalising, and mixed/contradictory presentations with Disorganised attachment (Type D) in 2 normative samples (Oppenheim & Koren-Karie 2009, Oppenheim, Goldsmith & Koren-Karie 2004, Oppenheim & Koren-Karie 2002). No such correlations were found between disengaged category (meant to pick up mothers of Type A infants) and child attachment although these mothers did show insensitive caregiving, and their children lacked theory of mind, aged 4 (Koren-Karie et al., 2002). As expected, high-risk samples yielded much lower rates of insightfulness (Oppenheim, Goldsmith & Koren-Karie 2004).

In the light of this rich vein of research into mentalising and related concepts, Slade and her colleagues considered that Reflective Functioning (RF) may tap into a “core capacity” that lay beneath the variables they found when coding PDI’s in their previous study (Slade, 2005). Additionally the PDI might prove a more useful vehicle than the AAI for assessing RF of *parents* and understanding the intergenerational ‘transmission’ of attachment, because it accesses directly the parent’s ‘model’ of their relationship with their child (rather than indirectly through their model of their childhood relationships, see also Chapter 4). Slade also draws attention to another important difference, namely that the parent-child relationship is ‘live’ and ‘immediate’, tapping into representations that ‘are still being constructed’, evoking strong feelings in the here and now (Slade 2005, p. 278). This raises the question, as to whether parents can use the same defensive mental processing in regard to their child, than is apparent in respect of their childhood relationships in the AAI, or whether if they do, it will have the same effect.

Slade and her colleagues therefore adapted Fonagy et al.'s coding system (Fonagy et al., 1998) to tackle parents' reflections on themselves and their child (Slade et al., 2005a). They concluded that:

Highly reflective parents rarely deny their own internal experience in relation to parenting, and can readily acknowledge the most common feelings of parenting, namely guilt, anger, and joy. Further, they understand that mental states can be ambiguous, that they change and de-intensify over time, and that they can be hidden or disguised. These are parents with a keen sense of how emotions work, which makes them and their child "tick". (Slade, 2005 p. 279)

By contrast, they also identified another group of mothers who:

... simply will not or cannot enter into their child's experience as a means of understanding them, and who do not use their own internal experience as a guide to sensitive responsiveness. In clinical terms, they are highly defended, and resort to primitive means of blocking out or distorting their child's internal life. (Slade, 2005 p. 278)

This system was then tested out on a stable, educated middle class sample, where the AAI was conducted with mothers in pregnancy and the PDI later on, 10 months after the birth of the child (Slade et al., 2005b). The child's attachment strategy was assessed by the Strange Situation Procedure (SSP: Ainsworth et al., 1978) at 14 months.

As expected, they found:

Secure mothers had higher levels of parental reflective functioning than organized insecure mothers, who in turn had higher levels of parental reflective functioning than disorganized insecure (unresolved) mothers who had the lowest levels of RF of all insecure mothers. Thus both the quality and organization of maternal working models were linked to levels of parental reflective functioning. What this means is that mothers who were able to coherently describe their own childhood attachment experiences were more likely to be able to make sense of their children's behaviour in light of mental states. They understood the intentions and feelings underlying their children's behaviour and in particular their tendencies to seek proximity, closeness and comfort. (Slade et al., 2005b p. 293)

Similar correlations were found when parental RF scores were compared with their child's attachment status at 14 months. Mothers with the highest levels of RF generally had securely attached children, lower levels of RF were associated with insecure children, and mothers of disorganised children had the lowest levels of RF.

These kind of results have been repeated with samples of drug abusing mothers, where low RF was found to mediate associations between maternal cocaine use and diminished social capabilities of their children (Levy & Truman 2002). A number of reports arising from the Mothers and Toddler programme with drug abusing mothers (Suchman et al., 2008, Suchman, DeCoste & Mayes 2009, Suchman et al., 2010b) have shown an improvement in overall RF in response to their mentalisation-based parenting intervention. This in turn resulted in an improvement in maternal caregiving behaviour, as measured by the mothers'

scores in the NCAST teaching task (Barnard, 1976) and increased regulation in children between 24 and 36 months of age (as demonstrated in the child scores in the same measure). The project also distinguished between self-related RF and child-related RF in the PDI (Suchman et al., 2010b) and found that whilst self-mentalisation was associated with maternal contingent caregiving, child-mentalisation wasn't, and was only marginally associated with child communication with the parent. This somewhat puzzling finding that self-RF in the PDI is the better predictor of maternal ability to respond sensitively to the child, than reflection about the child directly, does question whether RF in the PDI, rather than in the AAI, does in fact get closer to the under how parental states of mind shape the parent-child relationship. It was the very fact that the PDI was intended to elicit reflection about the child that was supposed to make it a better vehicle for understanding the transmission gap (Slade, 2005).

In addition, in terms of discriminating mothers of children with different patterns of attachment there has been more limited success. Slade and her colleagues (Slade et al., 2005b) could not distinguish between mothers of avoidantly attached children and mothers of securely attached children in respect of their RF. Similarly they were unable to separate mothers of resistant infants, and mothers of disorganised children in regard to their level of RF. The writers conclude that this is in keeping with "the general view" that avoidance is a more adaptive and productive strategy than the resistant attachment. However, the finding may have more to do with the cultural limitations of this study (a stable low risk, educated middle class US population) and the classificatory procedure used (the ABCD model, using Main and Solomon's classification of disorganised attachment [Main & Goldwyn 1994, Main & Solomon 1990] see also Appendix 1). A bias in western middle class samples towards

avoidant attachment (Crittenden, 2003b) may contribute to the view that this is almost as good as secure, and the 'catch all' nature of the 'Disorganised' category of attachment may result in the failure to see the ways in which 'resistance' (Type C attachment) is developed in 'at risk' adults (Crittenden, 2008, Crittenden, Claussen & Kozłowska 2007, Spieker & Crittenden 2010).

However, the failure may indicate something more significant than the ongoing dispute between different classificatory approaches to attachment. The results seem to open up a 'gap' in the transmission of attachment that the researchers were seeking to close. The results suggest that the RF scale may be overly cognitively orientated, based on how parents *think* consciously about the child's and their own mental states (see the discussion in Chapter 5 below on Crittenden's Parental Reasoning Scales which function similarly). Additionally, securely attached (Type B) and normative, avoidantly attached (Type A) infants will both have relatively well developed cognitive approaches to managing relationships but the Type A infants will omit affect in their managing of close relationships (Crittenden, 2008). By contrast, both Type C infants and Disorganised are likely to engage in exaggerated displays of affect (George & Solomon 2011) but Type C infants are likely to use this strategically (Crittenden, 2008). Other studies attest to mothers of disorganised children being highly emotional (Green, Stanley & Peters 2007, Jacobsen, Hibbs & Ziegenhain 2000), which applies also to mothers of Type C children, albeit in a more regulated sense (George, 1996). What the failure to distinguish the mothers of these infants suggests, is that the RF scale may be failing to capture something in the way in which parental behaviour influences how a child manages their affective states, given its difficulties in distinguishing parents of children who overly regulate their affect, from those who regulate it in a balanced way

(normative Type A, from Type B); and children who display exaggerated affect in a strategic way to influence relationships, from those whose affective displays are unstrategic and damaging to their relationships (normative Type C, from Disorganised⁶).

Dimensions of Mentalising

Recent developments in mentalising theory may have relevance here. Fonagy, Luyten and colleagues have argued that mentalising is not a unitary construct (Fonagy & Luyten 2009, Luyten et al., 2012). They identify 4 underlying dimensions of mentalising: automatic/controlled, internally/externally based, self/other, and cognitive/affective. The self/other dimension has been explored in the parental RF literature (e.g. Suchman et al., 2010c) but the impact of other aspects of mentalising do not appear to be picked up in the parental RF scale coding itself.

Automatic mentalising refers to the unconscious processing of others mental states, in day-to-day interactions, through neurobiological processes, as opposed to conscious, explicit mentalising (such as that in verbal interviews, assessed by the RF scale). Individuals may therefore be hyper-sensitive to the emotional and/or intentional states of others, but not be consciously aware of it, or the other way around. Indeed, if as Crittenden argues

⁶ See Appendix 1 for an outline of attachment patterns and different systems of classifying attachment. A fuller understanding of attachment theory is given in Chapter 109.

(Crittenden, 2008, Crittenden et al., 2003, Crittenden, 2006), maltreating parents act out of unconscious images and procedures 're-presenting' the thoughts and intentions of others, in the light of past experiences of danger and threat ('automatic' mentalising processes), then an interview/scale that only assesses controlled, explicitly verbalised mentalising will not be sufficient. In order to fully assess the way individuals give meaning to their experiences, therefore, a procedure is needed that can draw attention to discrepancies between 'automatic' and 'controlled' processes.

Fonagy and Luyten's other dimensions (external/internal, cognitive/affective, and self/other) also relate to differences in how an individual processes mentalising information (e.g. inferred from external behaviour of others or one's own mental states, attention to cognitive rather than affective information, and sensitivity to the mental states of self or others) that suggest that a fuller understanding of RF needs to be located in a theory of information processing that takes account of all these dimensions. The Meaning of the Child attempts to integrate Crittenden's information processing approach to the AAI (Crittenden & Landini 2011, see also Damasio, 2003, Schachter & Tulving 1994), which among other things, examines how individuals differentially process automatic/controlled, self/other, and cognitive/affective information into a way of understanding how parents represent their child (see Chapter 9 of the Coding Manual: Foundations).

CHAPTER 3: PARENT-CHILD INTER-SUBJECTIVE DIALOGUES AND THE ROOTS OF DISORGANISED ATTACHMENT

Maternal Affective Communication and the AMBIANCE Measure

Given the difficulties that the parental RF scale had in predicting infant disorganisation, as well as its relative inattention to *affective* communication, it is worth examining more closely the attempts that have been made to link precisely these things. The AMBIANCE measure (Bronfman, Parsons & Lyons-Ruth 1999) was developed to assess the maternal behaviours associated with disorganised attachment, given the lack of clear predictors of disorganised classification from maternal AAI's (Lyons-Ruth et al., 2005). It was based upon three hypotheses. Firstly, the authors used Main and Hesse's (1990) contention that disorganised attachment was caused by maternal behaviour, which is either frightening (so that the child is placed in a dilemma that their source of protection is also their source of fear) or frightened (so that the child's source of protection cannot offer security). Secondly, the thought that major failings in attachment occur when parents fail to repair situations where the child is distressed or afraid, so that the child remains for long periods in states of fear or distress. Finally, Main and Hesse also suggested that mothers of disorganised infants behave in contradictory ways, simultaneously, rejecting and heightening the infant's level of negative affect and attachment related behaviours.

Commenting on Lyons-Ruth and colleagues studies using the AMBIANCE measure (Lyons-Ruth, Bronfman & Atwood 1999, Lyons-Ruth & Spielman 2004, Lyons-Ruth et al., 2005, Lyons-Ruth & Jacobvitz 2008), Grienberger, Kelly and Slade (2005) write:

These studies would appear to indicate that it is not maternal sensitivity, per se, but rather the breakdown of affective communication and the intrusion of unintegrated fear, hostility, and anxiety that is the most critical aspect of maternal behaviour contributing to infant attachment. Furthermore, Lyons-Ruth's work suggests that it is important to evaluate maternal behaviour in the context of infant distress in order to tap into behavioural characteristics that are most closely related to intergenerational transmission... the "repeated lack of appropriate responsiveness to the intention conveyed in the infant's communications could take many forms, including antagonism, withdrawal, intrusive overriding of the infants cues, or role-reversing focus on the parent's needs"... Thus the AMBIANCE measure attempts to operationalize the behavioural manifestations of a parent's gross failures to grasp and respond to the intentionality of the infant. (Grienemberger, Kelly & Slade 2005 pp. 301-302)

Put simply, it is important not to look at maternal behaviour in isolation but to *examine it in the context of the affective communication between parent and child*. This connection between 'disrupted maternal communication' and disorganised attachment has been repeated by numerous researchers using the AMBIANCE or similar measures (Goldberg et al., 2003, Forbes et al., 2007, Kelly et al., 2003, Madigan, Moran & Pederson 2006, Out, Bakermans-Kranenburg & Van IJzendoorn 2009).

Hostile/Helpless Representations of Childhood Caregivers and Predicting Infant Disorganisation

What Lyons-Ruth and colleagues have also been able to do is establish a link between maternal disrupted communication in the AMBIANCE measure, and infant disorganisation on one hand, and Hostile-Helpless representations of adult caregivers in the AAI on the other (Lyons-Ruth, Bronfman & Atwood 1999, Lyons-Ruth & Jacobvitz 2008, Lyons-Ruth et al., 2005, Lyons-Ruth et al., 2003a). The authors argue that disorganised attachment is caused by unintegrated and contradictory representations of the self and caregiver:

“The discourse of H/H [Hostile/Helpless] mothers when describing relational experiences with their own caregivers was characterized by global devaluation of attachment figures, continued identification with those devalued figures, a sense of self as bad, fearful affect, and laughter at pain, as well as contradictory and unintegrated evaluations of central caregivers over the course of the interview.” (Lyons-Ruth et al., 2005 p. 17)

This is clearly an important finding in terms of filling in the transmission gap in respect of ‘at risk’ relationships, as it does sketch in a link from adult experiences of their caregiving, to disrupted communication with the child, to infant disorganisation. However, the focus on maternal characterisation of their own caregivers in the AAI rather than their child or their own caregiving, does not help predict or explain the variation in different sorts relationships that occur in more troubled families; for example that the same parent may have

qualitatively and psychologically different relationships with different children in the same family (Crittenden & Dallos 2009).

This problem of broad 'catch-all' categories that find associations at a generalised 'global' level, at the expense of explaining the variation within such widely defined constructs, is noted by Madigan et al. (2006), who conducted a meta analysis of 9 studies (including 851 children) that used the AMBIANCE or the FR measure, developed to assess frightened or frightening maternal behaviour (Main & Hesse 1990, Hesse & Main 2000, Hesse & Main 2006). The study did find that children who experienced 'anomalous maternal behaviour' were 4 times more likely to be classified as disorganised than those who did not. The researchers did however sound a note of caution, arguing that the FR and AMBIANCE systems covered such a wide range of anomalous parenting behaviours that they could not discriminate which may be the most significant indicators of disorganised attachment.

This challenge was taken up by Out, Bakermans-Kranenburg, and Van IJzendoorn (2009) who developed the Disconnected and extremely Insensitive Parenting scale (DIP) that separated disconnected, and dissociative behaviour from extremely insensitive parenting in the rating system, which had been lumped together in both the AMBIANCE and FR systems. They found that disconnected parenting was associated with disorganised attachment, but extremely insensitive parenting wasn't, and suggest that this is because insensitivity is predictable to the child, allowing the child to organise a strategy around it, but disconnected behaviour isn't, by its very nature. The research was however conducted in a low risk sample, where the level of insensitivity in parenting may not be as high (or as frightening) as that in maltreating samples.

The conclusions of Madigan and colleagues' meta-analysis (Madigan et al. 2006) also felt that the studies of anomalous parenting behaviour needed to be tested in more stressful and demanding settings. In addition there was a dearth of information about fathers, something that is picked up by this study (see Chapter 6 below). Finally they called for a widening of focus away from simply looking at the AAI and maternal behaviour (in predominately low risk samples). In particular such findings would suggest that it is perhaps important to look at the child, and representations of the child in order to gain a full picture.

A 'Dyadic Systems' Approach to the 'Co-Construction' of Attachment: The 'Inter-Subjective Space'

One attempt to do just this is the study of Grienberger, Kelly and Slade (2005), who examined links between RF in the PDI and the AMBIANCE measure. They followed up 45 first-time mothers and their infants from the third trimester of pregnancy through to two years old. Again, this was an educated middle class sample. They found that maternal RF assessed when infants are 10 months old is predictive of maternal AMBIANCE scores when infants are 14 months old. Maternal AMBIANCE scores were also predictive of child attachment status, although interestingly, as Slade et al. (2005b) found in regard to parental RF, they could not distinguish between resistant (Type C) infants and those with disorganised patterns of attachment.

Nevertheless, the authors concluded:

Thus while RF plays a crucial role in the intergenerational transmission of attachment..., its influence is mediated through the mother's behaviour,

and specifically her capacity to regulate the baby's fear and distress without frightening or otherwise disrupting the baby... future studies of the maternal behavioural contributions to infant attachment should focus on observations involving infant negative affect, using measures that assess breakdowns in maternal affect regulation. (Grienemberger, Kelly & Slade 2005 p. 306)

The results indicate that maternal behaviour appears to play a mediating role in relation to the link between maternal reflective functioning and infant attachment. Thus behaviour is the mechanism whereby a mother's understanding of the child's mental states is communicated to the child. This makes sense, as the real life dance between infant and the caregiver is where one would expect to find the most direct influence on the infant's attachment organisation. (Grienemberger, Kelly & Slade 2005 p. 308)

These comments anticipate the more recent work of Beebe and her colleagues (Beebe et al., 2010, Beebe et al., 2012b, 2012a) where the authors emphasise the lack of a dyadic approach in previous studies examining the link between maternal sensitivity and disorganised attachment:

Whereas attachment research has focused on maternal antecedents of infant attachment, particularly "sensitivity," our approach examines the dyad, analyzing both infant and mother. The infant's experience will be

shaped not only by the parent's patterns of behavior, but also by his own. Greater emphasis on the infant's active role in organizing information and behavior, and on the contributions of contingently organized infant as well as maternal coordination, is needed in the prediction of infant attachment outcomes. (Beebe et al., 2012b p. 259)

Like the CARE-Index (but without reference to it), Beebe and her colleagues (2010, 2012a) looked for both positive *and* negative contingency (as well as lack of it) in their rating of mother-infant dyadic interaction, and were able to predict infant disorganisation at 12 from parent-child interaction at 4 months. They also found that the mother's lack of self-contingency (consistency of her own behavioural stream) was more significant than lack of sensitive contingent responsiveness in predicting infant disorganisation. Instead of looking for insensitive or frightening maternal behaviour as the AMBIANCE, FR and DIP scales did, they identified contradictory or incoherent parent-child communication, looking at the parent's behaviour in the light of the child's and vice versa.

The authors go further in casting their identification of the discrepant communication between mother and child in Lyon-Ruth's (1999) idea of collaborative vs. contradictory dialogues between the mother and child in the formation of both infant and child representations of the other. These ideas are worth quoting at length as they go a long way to express what the Meaning of the Child attempts to capture in parental discourse:

The outcome of the process of coming to know and feel known by another's mind is dependent on whether the partner is capable of a collaborative dialogue. Collaborative dialogue involves close attention to

the other's initiatives; openness to the other's state across the entire range of positive to negative emotions; attempts to comprehend the state, goal, or subjective reality of the other; the attempt to respond in a way that acknowledges, elaborates, or comments on that state; ability to negotiate similarity and difference; and efforts to repair disruptions. Such dialogues generate collaborative internal models in which both partners are represented as open to the experience of the other; each can know and feel known by the partner's mind....

Incoherent or contradictory dialogues involve a collapse of inter-subjective space in which only one person's subjective reality is recognized. The partner's initiatives are ignored, overridden, or not acknowledged. Such failures of collaborative dialogue generate contradictory internal models, in which the partner represents both roles, such as "I should accept your control; I should attempt to control you."

(Beebe et al., 2012b p. 276)

These incoherent and contradictory dialogues come not because the mother does not know that their child is distressed, but that they cannot afford to process that distress, and must defend themselves against it. This mismatch of communication results in the contradictory dialogues between parent and child where neither truly knows each other. Interestingly though, the assumption of Beebe et al. (2012a p. 367) that mothers inhibit their sensing of the state of the other for self protective reasons (i.e. at the level of representing the other, not just in their behaviour) goes against the assumption that 'disorganised attachment' (or

in adults, unresolved loss and trauma), represents a loss of control, a point at which self protection breaks down (Solomon & George 2011b). The insight suggests that a more nuanced understanding of defensive processes is needed that recognises how representations can be self protective in regard to one danger and not another, or one context and not another (Crittenden & Landini 2011). Parents for example, may be protecting themselves from losing control, as a result of painful or frightening lessons learned from past traumatic experiences, but at the same time acting in ways that are dangerous to the development of their child (and thus the parent's more immediate goal of protecting their child).

These calls for a 'dyadic systems approach' to the 'co-construction' of attachment (Beebe et al., 2010, Beebe et al., 2012b, Beebe et al., 2012a), examining the role of both parent-child interaction, and parent-child representations of each other, are at the heart of the current study. The 'real life dance' between infant and caregiver is what the CARE-Index measure (Crittenden, 2007) attempts to assess behaviourally, and the nature of this 'collaborative' or 'contradictory dialogue' is what the 'Meaning of the Child seeks to bring to light in parental discourse and representations of their child (and the idea is developed further below, in Chapter 14). Beebe and her colleagues characterisation of risk in relationships as a failure in the process of knowing the other and becoming known (2010, 2012b, 2012a), captures the essence of what the Meaning of the Child attempts to assess in parenting interviews. However, like the CARE-Index measure itself, Beebe and her colleagues drew inferences about maternal representations from the interaction they observed, but did not assess directly how these parents represented their children. Their conclusions would suggest that a measure is needed that helps make better sense of maternal affective communication to

the child, *from the perspective of what is going on in the mother's mind in relation to the specific child*, than the RF scale is able to manage alone, or approaches which focus on maternal states of mind in the AAI. Without this it is not possible to understand parents' sometimes differential treatment of their different children, the different risks and relational dangers specific children may encounter in a family, or the different meanings that a family may construct around a particular child, and so explain siblings having different attachment relationships with the same parent (Crittenden & Dallos 2009, Reder & Duncan 1995). Ironically, when the meaning the parent gives to a particular child is examined, the wider systemic influences that shape both the parent-child relationship, and the way the parent currently 'represents' their own past childhood relationships, also become open to scrutiny.

CHAPTER 4: REPRESENTING THE CHILD - THE WORKING MODEL OF THE CHILD INTERVIEW (WMCI)

The Internal Working Model of the Child

Therefore, if infant attachment and maternal caregiving is ‘co-constructed’ (Beebe et al., 2010, Beebe et al., 2012b, Beebe et al., 2012a), then the lack of attention to a parents’ representation of their specific child, is a significant gap. One attempt to address this gap, and perhaps the nearest concept to the ‘Meaning of the Child’ in current research, has been the ‘Working Model of the Child’ Interview (WMCI: Zeanah, Benoit & Barton 1986, Zeanah et al., 1986). The meaning of the child was seen in terms of Bowlby’s concept of Internal Working Models (Bowlby, 1982, Bretherton & Munholland 2008), with the interview developed to elicit the parent’s representations of the child:

A caregiver’s internal working model of a child may be conceptualized as the perceptions and subjective experience a caregiver has of that particular child and of the relationship with that child.....







The ability for a clinician to assess systematically the “meaning” a child has for his or her parents and to identify major themes in the caregiver’s perceptions and subjective experience of who their infant is and why he or she behaves in particular ways, allow clinicians to tailor infant–parent psychotherapy to the specific needs of a given caregiver–infant dyad.

(Benoit et al., 1997 p. 109)

Working Model of the Child Interview Ratings and Patterns

This attention to a specific meaning that the child has for a parent is surely what is missing in approaches that focus on AAI representations, or more generally, how capable a parent is of mentalising in relationships.

In assessing this, WMCI transcripts are rated on eight 5-point dimensions (Zeanah et al., 1986, Benoit et al., 1997):

-  **Richness of perception:** The extent to which the parent is able to speak about the child in a developed and elaborate way, succinct yet conveying the impression that the parent knows the child.
-  **Openness to change:** The flexibility of the parent's representation to accommodate new information about the infant, parenting, and the relationship with the infant.
-  **Intensity of Involvement:** The extent to which the parent is invested or immersed in their relationship with the child.
-  **Coherence:** The extent to which the parent can talk coherently about their relationship with the child (analogous to the same concept in the AAI).
-  **Caregiving Sensitivity:** The degree to which the caregiver recognises the child's needs and emotional experience and the quality of his or her response to those needs.
-  **Acceptance:** The extent to which the parent accepts the child (with all his or her strengths and difficulties) and the challenge of caring for him.

✚ **Infant Difficulty:** How challenging and burdening the child is from the perspective of the parent.

✚ **Fear for safety:** The extent to which the parent is irrationally concerned for the safety of the child.

In addition to these primary scales, the interview is rated using 5-point scales to score the amount of joy, anxiety, pride, anger, guilt, indifference, disappointment, and other emotions expressed by the parent in the interview. Finally these scores are pulled together into 3 basic patterns:

✚ **Balanced** - where the parent is able to convey a rich sense of his or her relationship with the child, embracing both positive and negative aspects of parenting, and appreciating the child's internal experience.

✚ **Disengaged** - where the parents' representations are characterised by varying degrees of coolness, emotional distance or indifference about the child. The parents' representations convey the sense that that the child is either not known or not valued.

✚ **Distorted** – Internal inconsistency in regard to the parents' representation of the child. These may be confused, contradictory, or even bizarre. Expressed affect may be incongruent or out of context.

Validation Studies of the WMCI

A number of studies have taken place using the WMCI with stable advantaged populations (see Benoit et al., 1997), showing some correlation (69 – 74%, where 55% might be

predicted by chance) between parental representations and infant attachment (balanced-secure, disengaged-dismissing, distorted-resistant). Security was the best predicted, and it was possible to make such predictions before the baby was born, based on giving the WMCI in pregnancy. Interestingly, these figures do not match the predictive power of the AAI, which might question the assumption that by examining parental representations of the child (rather than the parents' own childhood experiences) we are somehow getting 'closer' to what guides or organises parental behaviour towards their child (Slade, 2005). Alternatively, the problem may be in that the WMCI patterning does not entirely match, as it is not truly clear whether the 'distorted' category should be picking up the "at risk" classifications (those classified 'disorganised' under the ABCD system) or the normative 'resistant' category (Type C), who are unlikely to be 'cool' and 'disengaged'.

There has also been some success in using the WMCI with clinical populations (Benoit et al., 1997). These authors report 91% of mothers of infants in clinical populations were classified as having either disengaged or distorted classifications (i.e. insecure - compared to 62% of controls). However specific insecure infant or adult attachment classifications did not characterise specific insecure WMCI classifications. In a similar vein, with a small clinical sample (8 mothers), Wood and colleagues (2004) found that mothers with history of a major depressive disorder were less than half as likely to be classified as balanced using the WMCI. Suchman et al. (2008, 2009, 2010a), who as we have seen above also used the PDI, found that their mentalising-based treatment of drug abusing mothers increased the level of balanced representations in participants. Whilst of interest and implying that the researchers have identified concepts of importance, the failure in these studies to identify a clear 'at risk' status – i.e. to predict significant child-parent relationship problems, suggests

the need for further work to be done for such a measure to be effective in evaluating child maltreatment or neglect.

Representing the Unborn child: Stability and Change in Parenting Representations

Of particular interest has been the use of the WMCI interview to assess parental representations in pregnancy, and the stability of these over time. Theran et al. (2005) compared WMCI patterns with an assessment of a 12 minute video of free play interaction, which was scored for maternal sensitivity, disengagement, over-controlling/intrusiveness/interfering manipulation, covert hostility, warmth and joy, adapting Crittenden's early work on the CARE-Index (Crittenden, 1981b). In addition, child attachment was assessed using the Strange Situation Procedure.

Once again, considerable stability between representations given in pregnancy and at one year was demonstrated, but with depression, relationship status, income and abuse status all predicting change. This would fit with the hypothesis that representations, particularly of an evolving relationship are dynamic and relevant to the self in the present – but for those whose circumstances are stable, then change is less likely. For example, women who became non-balanced (see above) were more likely to have been abused in pregnancy than women who stayed the same. Their experience of domestic violence may have affected their representations of their child, because of the need to act self-protectively. Also those whose scores either started balanced and became either disengaged or distorted, or became balanced had lower scores for their sensitivity in the free play interaction than those who remained balanced throughout (although higher than those who remained

insecure throughout the period), suggesting that whilst change is possible, it takes time for this to be embedded in the parent-child relationship, and that a history of insecure representations of the child does have an effect on the current parent-child relationship.

Huth-Bocks et al. (2004a, 2004b) used the WMCI with pregnant mothers (as well as one year after the birth of the child) to compare the impact of maternal representations of their child with social support and other risk factors in a large sample, which included 'at risk' populations. Their study echoed the link between maternal attachment experiences and representations of caregiving and also concluded that their results provided "*strong evidence that representations of caregiving before the infant is even born may significantly predict infant attachment security 1 year later*" (Huth-Bocks et al., 2004a p. 492).

Results also revealed that maternal risk factors, including poverty, low SES, single parenthood and domestic violence were significantly related to prenatal representations of caregiving, with more risk related to less secure representation. (Huth-Bocks et al., 2004a p. 492)

For example, women who had experienced domestic violence:

... tended to perceive their infants in less open, coherent, and sensitive ways, tended to see themselves as less competent as caregivers, and displayed more negative affects such as anger and depression while talking about their infants. (Huth-Bocks et al., 2004b p. 91)

The Effects of Recent Trauma on Parenting Representations

Again, these findings are consistent with the view offered here that representations are being dynamically created, (in a process that is affected by past experiences of danger) rather than something that is static, stored away in the library of the brain. Present and recent danger is perceived or recalled in a process that highlights significant information that has been protective in the past, which is in turn influenced by present experiences of danger and safety (Crittenden, 2002, 2008). Interestingly and unusually, whilst the study (Huth-Bocks et al., 2004a) did link security of mother's parenting representations with infant attachment security, they found no such link between maternal attachment and infant attachment. Given the level of risk in their sample, this is further evidence of the impact that recent as well as past trauma (e.g. domestic violence) can have on the 'transmission' of attachment from parent to child. However, the study assessed the mother's adult attachment status through a questionnaire rather than the AAI, which does suggest that this aspect of their results is not truly comparable with those previously discussed in Chapter 1 above (e.g. the meta-analysis of Van IJzendoorn, 1995).

However, Schechter et al. (2005) adapted the WMCI with the help of Slade, so that it could be coded for parental RF, in addition to the usual WMCI patterns. The interview was given (with a battery of self report questionnaires) to a group of 41 mothers of children aged 8 – 41 months, who had witnessed traumatic events. Their results were interesting and not entirely expected:

Surprisingly, while severity of maternal PTSD was associated with the distorted WMCI classification, it was not associated with the broader

non-balanced category. Indeed the disengaged classification was significantly and specifically associated with lower mean severity of maternal PTSD than the balanced group. It was wondered whether these mothers classified on the WMCI as having disengaged mental representations might in fact be psychologically distancing themselves from their young child as stressor defensively so as support their own self-regulation of affect at the expense of mutual regulation in their relationship with their child. (Schechter et al., 2005 p. 325)

In other words the ‘disengaged’ classification might in fact be *adaptive* (for the mother at least – and perhaps ultimately for the child also, despite the ‘cost’), which the label of ‘insecure’ might miss. This would suggest the necessity of distinguishing who and what is being distanced from – the child, the traumatic event, intimacy and close relationship, or just other people’s feelings (Crittenden, Claussen & Kozlowska 2007, Crittenden & Landini 2011). Each of these has different implications, but tend to be lumped together in systems derived from the ABCD model of attachment.

The other somewhat surprising result was that higher RF was not sufficient to ensure a balanced classification:

Within the inner city sample described, relatively higher reflective functioning does not appear to protect some PTSD afflicted mothers from being classified as having distorted mental representations of their young children [The authors then point out that they had no RF scores above average, so they could not observe whether genuinely high RF could act

protectively]... *With this caveat in mind, it is possible to envision case-specific factors in which a mother's perception of her child is psychologically skewed by her past trauma associated anger, fear and helplessness, to the point that she sees her child in a distorted fashion, despite being able to understand her child is an individual with a separate mind.* (Schechter et al., 2005 p. 326)

Again, this suggests the need to see reflective functioning as a separate (if related) concept to the meaning of the child to the parent, in that it is possible to have reasonable reflective functioning but a 'psychologically skewed' view of the child. It is evidently important to assess not just the ability of the parent generally to reflect upon the child's separate mind but the nature of the representations that the parent has. In addition, these findings emphasise the need, particularly in interviews of traumatised parents, to look more closely at how that trauma impacts upon the adult's functioning. Does the child have a meaning to the parent that is related to the parent's own experience of trauma, including recent trauma, or is that related to the parent's experiences more generally? Once again, the question is raised as to whether it is possible to truly understand parental representations of their child and of caregiving without reference to the parents' wider experience, particularly their experiences of trauma and loss.

The Caregiving Behavioural System

George and Solomon's theoretical work and empirical studies on models of caregiving (George & Solomon 1996, George, 1996, Solomon & George 1999a, Solomon & George 2000, George & Solomon 2008, George et al., 2011, George & Solomon 2011, Solomon & George 2011b) would suggest that one reason for some of the difficulties encountered by both the RF scale and the WMCI is the lack of specific attention to (maternal) caregiving itself. George and Solomon propose the existence of a caregiving behavioural system, related to, but not identical to the attachment system assessed by the AAI:

Our research suggests that explanations of intergenerational transmission appear to be missing an important developmental link. We believe that the link may be the parent's caregiving system. We have found that caregiving and attachment appear to be distinct behavioural systems; parents' appraisals of their behaviour and future plans for their children are guided by representational models of caregiving... the care for that child, not in terms of seeking protection, and care for the self. In sum, under usual circumstances, we propose that the caregiving system is a mature transformation of the attachment system, a transformation that shifts the individual's goal of being protected to providing protection. (George, 1996 p. 418)

Importantly, they consider influences other than maternal childhood attachment to the caregiving system, including pregnancy and birth, and the nature of the baby (e.g. physical characteristic and temperament), (George & Solomon 2008). Also important are socio-contextual factors such as the marriage or couple relationship and economic factors, which can support or hinder the mother's ability to focus on the baby (e.g. Solomon & George 1999a, Solomon & George 1999b). Risk in parenting may occur when the mother is sufficiently threatened (or perceives herself to be threatened) such that her need to protect herself interferes with the caregiving system, and the two become confused (Solomon & George 2008, Crittenden 2006, 2008).

Crittenden's work on Representations of Caregiving

Before looking more closely at Solomon and George's constructs, it is worth examining Crittenden's early research on this issue (Crittenden, 1988), as there are important parallels. Crittenden compared an early form of the CARE-Index with interviews of abusing and neglecting mothers, also using the Separation Anxiety Test (Hansburg, 1976) with the mothers in the study. Given that hers is one of the first studies to assess parenting representations from an attachment perspective, Crittenden's categories are worth quoting in full, as her discussion of hierarchical relationships still have an important contribution to make to the current project:

Abusing mothers appear to conceptualize social relations in terms of power struggles over scarce emotional and material resources. These women identify their social roles as master or victim and see social behaviour as dominant or submissive. ...

Neglecting mothers, on the other hand, appear to conceive of relationships as empty. The key to their representational models is their belief that everyone is helpless; some people have more, some less, but no one has control. It is this, which leads to their frightening lack of effort to improve their situation or their children's. ... Moreover, it is the mothers' belief in the uselessness of directed effort, which they pass on to their children...

Abusing-and-neglecting mothers share aspects of both the abuse pattern and the neglect pattern of relationships. They appear to understand that their behaviour has effects but they find the outcomes unpredictable. They alternate between vigorous thrashing around in an attempt to coerce others and sullen withdrawal when the outcomes of their efforts are unwanted. Their children live in the chaos of accusation and blame in the absence of control or predictability.

(Crittenden, 1988 pp. 195 - 196)

Crittenden's interview did not focus solely on the child, as she used the Separation Anxiety Test (which examines relationships more broadly) and other tools to look at social network and professional relationships. Her discussion is of a general model of relationships, rather than an examination of the meaning of the child to the parent. However, significantly, she did comment that there might be significant differences in behaviour in different relationships even if the representational model remained the same:

There are coherences among these relationships even when the person's behaviour is not the same in different relationships. Thus, an abusing mother who sees the world in terms of power may be controlling with her child, manipulative with professionals, and submissive with the partner. What remains constant across her relationships is the role that relative power plays in determining her behaviour. (Crittenden, 1988 p. 194)

As it is the mother's *behaviour* (actions and non verbal displays of affect) and not her mind that the child sees, one could expect quite different relationships, even with parents with the same adult attachment classification (Crittenden, 2003a, Hautamäki et al., 2010, Shah, Fonagy & Strathearn 2010). One cannot simply assume that the same general pattern of information processing in the adult will result in the same behaviour generalised to all relationships. Given the difference in level and nature of threat that each relationship might pose to the self, this would be counter-intuitive, although the question is rarely raised in discussions of the 'transmission gap'. This would suggest the need for assessment measures which can look at how and why the child takes on a different meaning from a partner, or a professional, within the same overall attachment organisation.

Also of relevance, is Crittenden's Parenting Reasoning Scale, which she used in classifying Adult Attachment interviews of parents, in addition to looking at attachment classification (Crittenden et al., 2003). Crittenden expanded Newberger's parenting reasoning scale (Newberger, 1980), which describes parental conceptions of child rearing in terms of hierarchical levels of parental reasoning. The scale was rated whenever parental statements answered the implicit question "Why did you do what you did?" and went from '*abdication*', where parents don't know what they do or are incoherent, to '*integrative*

reasoning', where the parents' accounts integrate unique knowledge of the child. In many ways this conception has similarities to the notion of Reflective Functioning (see Chapter 2, above). The results of Crittenden et al.'s study are interesting, in that whilst the evidence in general supported the validity of the assessment, the most 'at risk' attachment category was the hardest to distinguish from secure attachment in terms of the parents' parental reasoning.

Crittenden et al. argued that the problem was in part likely to have occurred because the measure accessed 'semantic' (conscious, generalised) representations, which may not have motivated the actions (of abusive or neglecting mothers) under conditions of danger (a full account of memory systems theory is given in Chapter 9, in the Coding Manual). Preconscious memory systems may have aborted mental processing before integrative thought had been achieved (danger requires quick action not slow reflection), and the parent acts out of representations seemingly at odds with their conceptions of how they do and should act (Crittenden et al., 2003; see also, Crittenden, 2006, 2008). The problem would seem to highlight the need for a memory systems approach (e.g. Schachter & Tulving 1994) to understanding representations of the child, so that information from differing memory systems is assessed, as is involved in the classification of the DMM-AAI (Crittenden & Landini 2011).

Interestingly however, Crittenden's own attempt to apply (an early version) of her approach to understanding the Adult Attachment Interview, to her own Parents' Interview (PI: Crittenden, 1981a), was able to predict child security/insecurity from a joint interview with both parents, but not differentiate different child attachment patterns (Crittenden, Partridge & Claussen 1991). However, the authors simply used the AAI coding process with

the PI, without integrating it with any theory of caregiving or how a parent's thinking about her child might differ from her thinking in relation to her childhood experiences with her own parent. As Crittenden, Partridge, and Claussen acknowledge:

Because the AAI interview and classificatory procedures did not contain in their development the hypothesis of transformations in patterns of relationship from parent to child, their content and/or classificatory procedure may not be attuned to that possibility. Such transformations, however, seem quite probable. For example, mothers who are themselves traumatized and who seek parental figures in their children may sometimes rear children who meet these demands through defensive strategies or dismissing patterns of thought. (Crittenden, Partridge & Claussen 1991 p. 23)

So far, whilst Crittenden has developed her theory of how such processes might operate (e.g. Crittenden, 2006, 2008), she has not developed a systematic procedure to classify the PI (or any interview regarding parental representations of the child or their caregiving) that might integrate with her account of adult information processing developed in her work on the DMM-AAI (Crittenden & Landini 2011). This is something that the Meaning of the Child has attempted to accomplish.

Parenting Roles Interview (PRI)

Also of relevance in looking at the impact of caregiving on attachment has been the work of Bifulco and colleagues (Bifulco et al., 2009, Bifulco & Thomas 2012) on the Parenting Roles Interview (PRI). The PRI was developed from the longer Self Evaluation and Social Support

(SESS) research interview (Andrews & Brown 1991) to assess parenting competence alongside their more well known Attachment Styles Interview, which examines adult attachment styles in relation to their partner and other current relationships (ASI: Bifulco et al., 2008). The PRI asks the parents to talk about their parenting strengths and weaknesses, their day-to-day interactions with their child, and their view of their role as a parent. The interview is rated for the parents *felt* competence in the parenting role, as well as well as the coder's *estimated* competence. In addition the interview is rated for child difficulties and concern about the children, as well as quality of interaction with the child.

In a study of 146 high-risk parents (Bifulco et al., 2009), significant correlations were found between *estimated* parental *incompetence* and mother's neglect and abuse of offspring. Interestingly, significant correlations were also found between mother's insecure attachment style (as measured by the ASI) and mother's reports of problem partner behaviour with maternal incompetent parenting. Whilst correlations do not in themselves identify causal relationships, the rare look (in the attachment literature) beyond the mother-child dyad to identify parental relationship difficulties as a mediating factor in the transmission of insecure adult attachment into insecure parenting of the child, is important. Additionally, a history of severe marital or partner conflict was also associated with parental neglect and abuse independently of the mother's competence in the PRI. Mother's own felt incompetence did not produce the same associations, suggesting that mothers either over or under estimated their own competence, and so self-report is an unreliable indicator of risk in the assessment of relationships in child protection cases. None of the other scales appear to have yet been tested in research, and the PRI does not appear to have yet been used with a normative sample.

The PRI therefore appears to have been developed as a screening tool for risk, rather than a procedure that might explain what is happening in 'at risk' (or normative) relationships. It highlights the importance of attending to the wider family system, beyond the mother-child relationship, but does not offer constructs to explain how this might operate. The interview is a very recent development, and whilst its relevance to this study is limited, its increasingly wide dissemination may begin to yield more answers in the future.

The Caregiving Interview

In order to assess their construct of the Caregiving Behavioural system (e.g. George & Solomon 2008), Solomon and George developed 'the Caregiving Interview' (a modified version of the PDI) and an accompanying coding system (CI: George & Solomon 1988 - 2007). They found that mothers of securely attached children had 'flexible', or 'secure base' patterns of caregiving:

Their descriptions of self and child, although realistic, emphasized their respective positive qualities. Potential threats to child security, such as discipline and punishment, safety, exploration, and separations were considered carefully in the context of their individual personalities and developmental needs. (George, 1996 p. 418)

Mothers of avoidantly attached children, 'deactivated' the caregiving system, by 'rejecting' their child or their children's attachment and relationship demands:

They emphasized the negative, portraying themselves and their children as unwilling and unworthy to participate in the relationship. Mothers described themselves as undesirable caregivers (for example, as strict, demanding, tough or impatient) and as uncomfortable with the maternal role. Similarly, children were portrayed as undesirable (for example, as a pain, monster, or chore) and unwilling to respond to their mother's care. We believe these negative evaluations both resulted from and permitted these mothers to dismiss their children's attachment needs and remain relatively uninvolved in the caregiving process. (George, 1996 p. 418)

These representations allowed the parent to protect the child 'at a distance', offering some protection but with as little as possible involvement and investment in the relationship, so as to minimise the negative feelings that might arise out of it.

Mothers of ambivalently attached children, they labelled 'uncertain'.

['Uncertain' mothers] defensively disconnected and separated negative evaluations from the child and from memories of providing care. These mothers described their children in positive, even glowing terms; for example, children were seen as perfect, well-mannered, honest, fair, sensitive and altruistic. Caring for the children was portrayed as fun and the relationship was filled with happiness. On some occasions during the interview, however, negative evaluations of the child emerged suddenly. The mother would describe the child as difficult, immature, angry,

petulant, or moody and she would appear to be confused and uncertain about the cause of the child's behaviour. (George, 1996 pp. 418-419)

This 'disconnection' of negative feelings from the child and caregiving both allowed and necessitated the parents to remain 'close' to the child in an intense relationship, which for the most part was described as wonderful, but with an undercurrent of strongly felt negative feelings.

Finally, mothers of disorganised children showed representational models of caregiving that the researchers labelled 'helpless':

Feeling helpless and out of control, they described themselves as lacking effective and appropriate resources to handle the child, often describing harsh punishment, hysteria, and depression. Their children were also evaluated as being out of the control in their care. Some children were portrayed as wild, chaotic, and beyond help... Other children... were described as precocious or powerful. In their mother's view, these children for example, had developed extraordinary abilities as comedians or actors, caregiving skills, supernatural powers, or special connections with the deceased. (George, 1996 p. 419)

Interestingly, there seems a parallel here between Lyons-Ruth et al.'s Hostile/Helpless construct (Lyons-Ruth et al., 2005, Lyons-Ruth & Jacobvitz 2008) and Solomon and George's 'Helpless Caregiving' category, except that Lyons-Ruth's construct relates to mother's

characterisation of themselves in relation to their caregiver rather than towards their child. I am not aware, however of any attempts to link George and Solomon's Caregiving ratings in the Caregiving Interview with the AMBIANCE measure, or maternal Hostile/Helpless states of mind in relation to childhood caregivers, to 'Helpless' caregiving representations. Solomon and George (Solomon & George 2011a) did relate their Caregiving system to maternal Life Events in the AAI. Whilst their Life Event scales have some similarities to Lyons-Ruth et al.'s Hostile-Helpless construct, in that they pick up situations where the mother has been unprotected or felt rage, they do not evaluate the mother's consequent representations of their caregivers as the Hostile/Helpless scales do. They did, however, find that mothers of role-reversed children tended to have complex experiences of loss. Their study, along with the work Lyons-Ruth and her colleagues, as well as studies using the DMM-AAI (Shah, Fonagy & Strathearn 2010, Hautamäki et al., 2010) suggest that in addition to projects such as this one looking at parental representations of the child, a more complex understanding of *the Adult Attachment Interview* is needed looking at both representations of caregiver *and* caregiving, the parent's parent *and* the parent's child. Interestingly, because the PDI as an interview seeks some information about the parents perspective of their parenting, it does create something of an opportunity for this, although these few questions do not give the kind of in-depth exploration offered by the AAI.

Towards an Information Processing Approach to Caregiving Representations

A number of interesting points arise out of this research. Firstly, in keeping with the work of both authors on other measures (e.g Solomon, George, and De Jonge [1995] on a narrative doll play procedure with 6 year olds, and George and West [2001, 2012] on the Adult

Attachment Projective, assessing adult attachment through a picture based interview technique), these patterns are developed alongside a theory of defensive processes (George & Solomon 2008, Solomon & George 2011b, Solomon & George 2011a, following Bowlby, 1982, Bowlby, 1980). Specifically, they have identified the '*deactivation*' (shutting down) of the attachment and caregiving systems in Type A children and adults (and their equivalent caregiving style: emotionally 'rejecting' mothers, who provided 'distanced protection'). Type C, 'resistant' mothers on the other hand provided 'uncertain' caregiving. They had interviews characterised by 'cognitive disconnection', or splitting attachment information from its source, rendering such mothers changeable and inconsistent. Disorganised attachment and helpless caregiving were characterised by 'segregated systems', competing and contradictory representations of caregivers and self that had to be locked away, and kept separate from the conscious mind, but when elicited by attachment cues could result in frightened or out of control behaviour. In relation to caregiving, George and Solomon describe either constriction (radical blocking or shutting down), or dysregulation (out of control emotional expression), in mothers they characterise as 'helpless' (e.g. George & Solomon 2008, Solomon & George 2011b, George & Solomon 2011).

There are echoes here of Crittenden's work and her casting of attachment in information processing terms (Crittenden, 2002, Crittenden, 2008, Crittenden & Landini 2011). Like Solomon and George, Crittenden has built upon Bowlby's ideas, but she has also integrated recent theoretical developments in neurobiology (in particular Damasio, 2003, and Schachter & Tulving 1994). George and Solomon's work would suggest a shift from a focus upon achieving attachment security (a 'secure base'), to 'defensive processes' that describe

mental responses to danger and threat. Although their particular constructs do not directly mirror each other, Crittenden's approach to the Adult Attachment Interview (outlined in more detail in the Foundations section of the Coding Manual, Chapter 9) is similarly based upon the 'transformation of information'.

Of particular importance, is this conception of meaning-making in relationships as a live process in the present, albeit one based upon mental processes that have enabled safety in the past. Although Solomon and George (e.g Solomon & George 2011b) see segregated systems as indicating the breakdown of functioning, to some degree this is a matter of perspective, as whilst they certainly indicate the failure to resolve meanings that are essentially damaging to the self, the manner in which they are disconnected from normal day to day functioning is a form of self protection, albeit one that comes at a price. As Crittenden and Landini write:

Especially for children, terrorizing representations (such as 'your mother really hates you and wishes you were dead') need to be avoided to make daily life possible. In this case, the meaning making function of the mind may 'correct' the errors identified by discrepancy by denying accurate information, and constructing delusions to cover the gap in reality.
(Crittenden & Landini 2011 p.66)

This is therefore both a protective process (in that it enables the child or adult to function in day to day life) and a dangerous one, in that it distorts reality (and runs the risk that the

‘truth’ may reassert itself when very aroused). The question is whether the child may be caught up, involved, or overlooked through one of these ‘terrorising representations’, or the denials/delusions that have arisen in order to ‘cover up the gap in reality’ (Crittenden, 2006, Reder & Duncan 1999). The mental processes of constriction and dysregulation, that George and Solomon describe in ‘disorganized caregiving’ are similar to the defensive processes described in Crittenden’s work as Dismissed and Preoccupying trauma, and the question arises whether to some degree they are extensions of the normative processes of Deactivation and Cognitive Disconnection, driven to the extreme (or applied to extreme experiences). That they are dangerous to the child, does not mean that they are not at some level protective to the adult, in terms of managing the after effects of the adult’s own terrorising experience.

Some convergence is also shown in the support for the defensive process of ‘deactivation’ in caregiving (and arguably ‘constriction’ as well) from research linking Neuroscience with the DMM-AAI. Strathearn and colleague’s research compared maternal fMRI scans of first time mothers, when looking at sad and happy photographs of their baby and a stranger’s child, to the mother’s AAI status (Strathearn et al., 2009). Securely attached mothers showed increased activation of the brain’s dopamine ‘reward’ systems when looking at their own child even when he or she was upset. Insecure-dismissing (Type A) mothers (the study did not have enough Type C mothers for any clear finding) not only experienced less ‘reward’ when looking at their own child’s smiling face, but *“showed increased activation of the anterior insula, a region associated with feelings of unfairness, pain, and disgust”* (p. 2662). Strathearn and his colleagues conclude:

Activation of the anterior insula may signal 'norm violations' ... Insecure/dismissing mothers may cognitively appraise their infant's sad affect as a violation of an 'expected' affect state. This may lead to avoidance or rejection of negative infant cues..., rather than the 'approach' responses. (Strathearn et al., 2009 p. 2663)

In other words, the research would suggest that in normative insecure-dismissing (Type A) mothers, their infant's negative affect (as opposed to cognitive appreciation of danger to the infant) signals the 'deactivation' of their caregiving system, as George and Solomon predict from their interview analysis.

As has already been discussed in Chapter 1, Crittenden does not envisage an automatic link between the DMM-AAI categories and child attachment, but there is also a connection between the idea of 'Distanced Protection' and 'Close Protection' (the two normative caregiving styles outlined by George and Solomon, see above) and the Unresponsive and Controlling caregiving styles seen the CARE Index (Crittenden, 2007) and developed in relation to parenting interviews by this study (see Chapters 9 and 10, the Coding Manual, as well as Chapters 7 and 14). Certainly the understanding of Crittenden's pattern developed here is of Unresponsive parents as distancing parents, and Controlling parents as overly 'close', intruding ones (see especially Chapter 14 below). Crittenden's 'Unresponsive' and 'Controlling' caregiving patterns in the CARE-Index, however, are not linked specifically to DMM-AAI adult attachment patterns of the same parent. In fact when compared (Crittenden et al., 2003), Type A parents (who might be thought to distance) were more controlling of their children in the CARE-Index than parents classified as Type C (who might be thought to be more intrusive in order to keep their children 'close'). However, this

finding is somewhat questionable, as an early version of the Main and Goldwyn classification system was used for the AAI⁷, which, as the authors themselves note, yielded different results than would have been the case with the DMM-AAI (see below).

The problem draws attention to a more critical difference between the two systems, the debate about 'disorganized attachment' notwithstanding, which is Crittenden's attention to who and what these defensive processes are applied to (Crittenden, 2008, Crittenden & Landini 2011). For Crittenden, 'deactivation' or the shutting down of negative feelings, is something that adults, and children developing a Type A (dismissing) pattern do so *in respect of their own negative affect*. Those who dismiss the feelings of others in order to highlight their own power, for example, are placed in the Type C (preoccupied, ambivalent or coercive) patterns (likely classified as C3 or C5, see Appendix 1). Although such individuals may superficially be seen as 'deactivating' their attachment system by seeking to see themselves as invulnerable, in reality they are minimising their need for comfort, and dismissing their own fear, in order to exaggerate their anger and rage, which is arguably a form of 'cognitive disconnection'.

This is more than a debate about different ways of classifying the AAI, as the same issue arises when looking at representations of the child. For example, George and Solomon in

⁷ Please see Appendix 1 for an outline of the differences in classificatory systems of attachment

describing distancing mothers, whose representations deactivate the caregiving system, make no distinction between negative portrayals of self or child:

'Psychological distance is maintained through emphasizing negative portrayals of self and child (e.g. that the mother is not doing a good job, or that the child is manipulative and requires authoritarian discipline)'
(George & Solomon 2008 p. 845)

These distancing mothers, described their children *"as undesirable (for example, as a pain, monster, or chore) and unwilling to respond to their mother's care"* (George, 1996 p. 418). In the Meaning of the Child, such child-blaming and overly negative portrayals of the child that are self-justifying of punitive parenting, often function to keep the parent involved with the child, intruding on them in a controlling manner in order to correct perceived faults (see Chapters 9 and 10, the Coding Manual). Similarly, some Controlling mothers may portray themselves helplessly in an exaggerated negative manner, in order to draw compliments and reassurance from the interviewer, a blurring of relationship boundaries, which parallels their overly intrusive relationship with their child. By contrast, psychological distance is often maintained by Unresponsive mothers through idealising the child or the parent-child relationship in generalised and remote terms. The idealised child and relationship helps the parent create distance from a rather more messy and painful reality (as in fact the process of idealisation of attachment figures does for Type A parents in the AAI).

George and Solomon's focus on caregiving highlights that it is not just the perceptions of the child that are important, but how this fits with the meaning the parent gives to the caregiving role. One may ask the additional question as to how and why the two connect –

does a particular perception of oneself as a caregiver, have a necessary relation to how the child is perceived? As we have seen, it is not necessary for a parent to portray the child negatively, in order to dismiss their own attachment needs. The child can be portrayed in a *false* positively (in such a way as to dismiss their *need* of the parent on account of how happy and capable they are). George and Solomon allude to this in the 2 contrasting categories within the disorganised/‘helpless’ category (where children are described extremely negatively, or by contrast as precocious and powerful). In the latter case, neglecting parents exaggerate and eulogise about their child’s superhuman qualities, exonerating a lack of protection by dismissing their child’s need for it. As just described in relation to Unresponsive parents in the Meaning of the Child, the child is idealised in order to enable the parent to dismiss their own negative experience. In the case of punitive (‘dysregulated’) parents, the child’s negative qualities are exaggerated not only to exonerate the parent’s uncontrolled response, but also to validate and give voice to the parents’ negative feelings. In a similar vein, angry parents may be dismissing their child’s attachment behaviour, but are they also dismissing their own, or rather are they dismissing their child’s in order to draw more attention to their own?

Alternatively, the differing and apparently contradictory representations of child and caregiver may be observed in different memory systems (see Chapter 9, the Foundations section of the Coding Manual, for a discussion of Crittenden’s application of memory systems theory to the AAI). For example, the child and relationship may be presented in idealistic terms when speaking generally and ‘semantically’ but when relating episodes of their life together show anger in their images and expressive language used about their child. Parents being assessed for Care Proceedings, who may have lost their child into foster

care and / or feel at risk of losing their child, have huge investment in portraying their relationship positively. It may be that they seek to present their relationship in the most positive light, but (as with the AAI) display other, more hostile or less sensitive representations in different memory systems.

In addition, there is the question of whether particular children key in to particular dangers in the parents' history, because of the meanings associated with either the child or the dangerous experiences themselves (e.g. male children may elicit responses relating to the parents' childhood experiences of sexual abuse). Equally, particular experiences or dangers may have a disproportionate effect upon caregiving (rather than other relationships) because of the nature of the meanings given to them. For example, Solomon and George in a recent study (Solomon & George 2011a), looking at their construction of caregiving 'helplessness' in relation to maternal experiences of helplessness, rage and complicated grief, themselves make relevant distinctions; for example that complex losses characterise mothers of role-reversed children.

Similarly, Buchheim et al. (2008) compared fMRI scans of Borderline Personality Disorder patients looking at pictures used in the Adult Attachment Projective (George & West 2001), with scans of non patients, some of whom were also classified as having unresolved experiences of loss and trauma. They found differential patterns of brain activation of the BPD patients in response to cards that depicted aloneness and separation, than in response to those that depicted social situations, which was not the case with other adults with unresolved loss and trauma. Summing up their study the authors write:

Behavioral narrative data showed that monadic pictures were significantly more traumatic for BPD patients [with significant unresolved trauma and abuse] than for controls [resolved and unresolved in relation to childhood trauma and abuse]. ... Our results suggest evidence for potential neural mechanisms of attachment trauma underlying interpersonal symptoms of BPD, i.e. fearful and painful intolerance of aloneness, hypersensitivity to social environment, and reduced positive memories of dyadic interactions. (Buchheim et al., 2008, p. 1, Abstract)

The authors also point out that the study confirms neurologically the findings of Lyons-Ruth and colleagues (Lyons-Ruth et al., 2003b) that the combination of unresolved loss and abuse is more likely to contribute to pathological distress than experiences of loss alone. Buchheim, George, and their colleagues (2011) conducted a parallel analysis of the narrative representations of the same sample of the AAP and the AAI, contrasting BPD patients with those with anxiety disorder (and controls), concluding that BPD patients showed the strongest dysregulation (this time observed in their *narrative* responses to the AAP pictures) in response to fears of being alone and isolated.

In addition the study drew a distinction between the 'normative' attachment dysregulation and the more 'traumatic' sort shown by the BPD patients. In other words, as has already been argued, 'catch all' categories such as 'disorganisation', or 'dysregulation', 'unresolved loss/trauma', or even 'caregiving helplessness' may hide different mental processes that relate to the specific dangers the adult has experienced, and the different stimuli that it presented to them. If this is the case, then it is more than possible that different children, or caregiving situations may elicit different processes in the adult. For example, a child of a

violent father may elicit a very different response in the same mother, than a child of a partner who died, or abandoned the mother, given that the associations of each child may be very different.

The Contribution of the Child to the 'Co-Construction of Attachment' – Concluding Thoughts

This therefore raises the question of whether what the child is doing in the relationship has any effect on how the mother perceives it? An 'information processing' approach to caregiving representations needs to take account of the fact that it is information about the child and the relationship with the child that is being processed. Similarly, a description of defensive processes needs to take account of what it is about the child is being defended against, and how. Crittenden's CARE-Index constructs of Unresponsive and Controlling caregiving are dyadic in nature, a function of the relationship with a particular child, rather than solely a characteristic of the parent, which George and Solomon's caregiving styles appear to be. It is this more dynamic construct; the parent's process of representing themselves as caregiver and their child, in the light of what is going on in a specific parent-child relationship, that the Meaning of the Child is hoping to capture. As argued earlier in Chapter 3, an understanding of parenting representations needs to take account of the inter-subjectivity between the parent and the child, the unfolding dialogue in which each gives meaning to the other and the relationship between them.

Crittenden's account of information processing in the Adult Attachment Interview (Crittenden & Landini 2011, outlined in Chapter 9, the Coding Manual: Foundations) affords a more sophisticated understanding of how defensive processes operate to protect the self,

than the assumption that one defensive process is behind one style of attachment and one pattern of caregiving. Her DMM approach to information processing differentiates what information is preferred (cognitive or affective) and how it is transformed (e.g. distorted, omitted, falsified, denied, or delusional) by the different memory systems (procedural, imaged, connotative, semantic, episodic, and reflective integration). In understanding the transmission of attachment, what matters is not so much the identification of a mental process itself, but how it is used by the speaker on one hand to protect the self, and on the other its impact on the parent-child relationship. Given the complexities that emerge from the research, what is needed perhaps more than overarching categories, is a theoretical 'toolbox'; constructs that can illuminate what is going on in a parent's mental representations of a specific parent-child relationship (Zeanah, 2007). Summarising categories are needed to validate these constructs quantitatively in large-scale studies, but do not in themselves give information about the particular dangers and stimuli a specific parent-child relationship may be revolving around. The constructs (e.g. defensive processes, discourse markers, memory systems) that arise out of tools such as the AAI, and the Meaning of the Child, may be more helpful to clinicians whose interest is in specific parents and children, rather than the overall patterns that they identify. This process is illustrated through the case examples outlined in Chapters 13 and 14.

George and Solomon's work has drawn attention to the importance of caregiving itself in understanding parent-child relationships, and their pioneering work on identifying the impact of self-protective defensive processes on caregiving offers a richer account than thinking in terms of reflective functioning alone. Certainly, they have gone further than anyone in applying a theory of adult information processing in conditions of threat to how

adults might represent their child and parenting in an interview about their caregiving. However, their apparent need to explicitly identify their caregiving categories with their adult attachment ones, to some extent begs the question of the transmission gap rather than explaining it, making their constructs too inflexible to illuminate some of the complexities that emerge. The work of Crittenden offers much in this regard, however, as we have seen, Crittenden herself has not yet fully integrated her approach to information processing of adults in the AAI, with thinking on how parents' might represent their child and caregiving in parenting interviews. In particular she has not applied the dyadic 'inter-subjective' approach apparent in the CARE-index to understanding parenting representations. This has been one of the aims of developing the Meaning of the Child system.

CHAPTER 6: THE ROLE OF FATHERS IN SHAPING INFANT ATTACHMENT

One unusual aspect of this current study has been the inclusion of fathers in the at risk sample, (26 out of 62). In part this reflects the roots of the Meaning of the Child procedure in the assessment of (and intervention with) families involved in the child protection process. Fathers are involved in this process, either as part of the families being assessed, or having separated from the mother, wanting to take on the care of their child(ren), when the children have suffered harm in the care of the mother. For this reason, valid tools are needed to assess fathers, and clinicians often end up using tools (e.g. the PRI, see Chapter 5 above), the validation of which has been carried out with mothers alone.

The Absence of Fathers in Research into Caregiving

The difficulty involved in including fathers however, lies in the fact that they are almost entirely absent in the existing research around caregiving and attachment. George and Solomon (2008) in their review of the literature, where none of the studies of caregiving representations they mention involved fathers, write:

It is likely that there are differences in interaction and competition among the behavioural systems depending on a parent's gender. Attachment research has focussed primarily on mothers, although there is evidence that fathers can also be sensitive and involved caregivers... No attention has been devoted however to defining the caregiving system in relation to fathers. (George & Solomon 2008, pp. 836-837)

This lack of attention to fathering is emphasised by the fact that so few of the numerous studies discussed in the literature review over the previous chapters included fathers. The only one of those to assess caregiver representations of parenting was Crittenden et. al. (1991) involving Crittenden's Parents Interview, which is designed as a couple's interview, and took a family systems approach rather than looking at fathers directly (see Chapter 5 above). As Madigan et al. write in relation to their meta-analysis of the origins of disorganised attachment:

There is a notable dearth of knowledge and research regarding the role of the father's state of mind and behavior in the development of attachment relationships. Researchers have demonstrated that the mechanisms involved in the development of attachment relationships may differ for mothers and fathers. For example, it has been well documented that sensitivity is implicated in the development of secure mother–infant patterns of attachment, however, sensitivity is a weaker predictor of secure infant – father attachment It is imperative that we enhance our understanding and conceptualization of father – infant attachment relationships.... Clearly, involving both parents would provide a particularly welcome window on the broader complexities of the origins of disorganized attachment relationships. (Madigan et al., 2006, p. 106)

Fathers in Attachment Research

The evidence that fathers can be attachment figures goes right back to Ainsworth's original observations that led to her identification of the basic attachment patterns (Ainsworth et al., 1978). Summing up her conclusions relating to fathers, Ainsworth wrote:

It is clear that infants during their first year of life may establish several attachments and a complex set of interpersonal relations. Our stereotype of the infant developing an attachment to the mother and to the mother alone during the first year is not borne out by these observations, despite evidence that when the chips are down the attachment to the mother usually seems to be the focal one. (Ainsworth, 1967, p. 356)

Using intensity of separation anxiety as their yardstick, Schaffer and Emerson (1964) found that the mother was the "principal attachment object" for 80% of the babies when distress at separation was first reported. However, by 18 months, this had changed and only half of the mothers were still seen as their child's primary attachment figures, as both parents in many families fulfilled this role. The study was however, completed prior to Ainsworth et al.'s (1978) identification of different attachment patterns in the Strange Situation Procedure (SSP), where intensity of protest at separation or lack of it, may be related to the attachment pattern, rather than who is the child's main attachment figure (a point anticipated by Bowlby, 1969).

In the first of a series of studies aimed at trying to resolve this problem (summarised in Bretherton, 2010), Lamb (1976) found that whilst infants showed a similar level of contact seeking approaches to fathers in a laboratory situation, fathers tended to receive more

affiliative approaches (such as smiling, offering a toy etc.). When a stranger was introduced there was a dramatic shift of focus towards the mother. Lamb (1977b) followed this up by home observations of infants aged 7 to 13 months. At 4 different age points, mothers were found to hold the infant for caregiving routines and fathers more for play. In a later laboratory study of toddlers, a gender difference was found in fathers' attention to boys and mothers' focus on girls (Lamb, 1977a). Once again, fathers were found to be engaged in more affiliative rather than attachment behaviour. In a similar vein, in a Finnish sample including maltreating fathers, Olrick (1992) found that fathers were rated as more 'sensitive' than mothers in the CARE-Index, but the difference had no discernable effect upon the child's development. Such conclusions have led some researchers to suggest that paternal attachment may be mediated differently from sensitivity. Paquette and Dumont theorized father-child attachment as an "activation relationship" (Paquette, 2004, Dumont & Paquette 2013, Paquette & Dumont 2013). This is described as:

The affective bond that enables children to open up to the outside world, focusing primarily on parental stimulation of risk taking and control.... According to the attachment theory, children's feelings of confidence result from parental sensitivity to children's comfort seeking in times of distress (secure base), with parents protecting their children by maintaining a close distance between parent and child. According to the activation theory, however, children's feelings of confidence result from parental encouragement of risk-taking during children's exploration of their environment, with parents protecting their children through discipline (limit setting, control). (Paquette & Dumont 2013, p. 1-2)

Put in more conventional terms of the attachment literature, these authors suggested that paternal relationships are defined by their support of the child's exploration rather than in the development of a secure attachment.

With the advent of Ainsworth's SSP, studies found that whilst infant attachment to their fathers had a similar spread to their mother's, infants were often classified as securely attached to one and insecurely attached to the other, suggesting that infant attachment patterns are relationship specific (Main & Weston 1981, Van IJzendoorn & Wolff 1997). The extent of this however, and its prevalence across many studies remains somewhat surprising (38% of infants were classified as insecure with one parent, and secure with the other in the Van IJzendoorn and De Wolff [1997] meta-analysis), and raises the question as to whether infant security/insecurity with fathers has a different effect from their insecurity or security with their mother. It also raises the issue of how exactly these different attachment strategies coalesce into one pattern, as appears to be observed in the representational assessments of attachment in older children and adults (e.g. the AAI, and narrative story stems [Farnfield 2009])

The development of the AAI in the mid 80's allowed the possibility of looking at the transmission of attachment from father to child, as well as looking at fathers' and mothers' representations of their own fathers. The match between parent and child classifications in the AAI and SSP (using the ABCD classification system) that had been found in mothers (see discussion in Chapter 1) held for fathers too, albeit the associations were slightly weaker (Van IJzendoorn & Wolff 1997). In addition small, though statistically significant, relationships were found between paternal sensitivity and infant attachment, which given the difficulties (see Chapter 3) in identifying what parental sensitivity is, remains an

important finding. Crittenden and colleagues (1991) interviewing both partners together in a couple's interview that was rated for AAI patterns, found associations between parent and child insecure/secure attachment for both mothers and father, but did not differentiate different attachment patterns. Bernier and Miljkovitch (2009) found that the intergenerational transmission of attachment was greater with fathers who had sole custody of a child, than with fathers parenting their children in a couple relationship.

The time that has passed since the development of these measures has allowed some researchers to look at the longitudinal effects of paternal and maternal relationships with their children. For example, Steele and Steele (2005) found that maternal AAI's taken when the child was 1, were associated with child outcome measures at 6, but by aged 11 the picture was more mixed, with some (such as the constructive resolution of picture based dilemmas) associated with mothers' AAI's, some (e.g. screening of mental health problems) associated with fathers' AAI's, and some both (e.g. boys credibility and truthfulness in an interview about self and others). A comprehensive longitudinal German study found that maternal and paternal sensitivity, as well as ratings of mothers and fathers as supportive attachment figures at 6–10 years, had significant unique and joint associations with their child's AAI security aged 22 (Grossmann et al., 2008). The findings of this study are particularly interesting in that they took place in a time and culture where gender roles were very predominantly very distinct, with fathers taking a breadwinning role and mothers a caregiving one (Bretherton, 2010). In addition therefore, they challenge the view that differential measures of paternal sensitivity are needed for fathers than for mothers (e.g. Paquette, 2004), because a father's relationship was thought to be more affiliative and exploratory rather than based on attachment and caregiving, and

so paternal caregiving sensitivity may not have the same effect upon child attachment and development. Attempting to synthesise both the differences and similarities in comparisons of the effects of maternal and paternal relationships with their children, along with the fact that convergence appears to increase the older the child gets (as Steele & Steele 2005 also found), Grossmann et al. conclude:

We propose that security eventually depends on both attachment security and safe familiarity with the real world. Finding a large number of studies that provide support for this broad view, we advocate the concept of 'psychological security', which includes both security of attachment and security of exploration, as emerging from sensitive support from both mother and father. (Grossmann et al., 2008, p. 874)

The Transmission of Attachment In Couple Relationships

Equally important when considering fathering (or mothering) is the impact on the child from the nature of the parental relationship, and the couple's ability to cooperate as parents. A number of studies have found that characteristics of the mother–father relationship are important for predicting children's attachment outcomes (e.g. Cowan & Cowan 2009, Dickstein, Seifer & Albus 2009). Whilst the study was of mothers only in a high-risk sample, Bifulco et al. (2009) found that maternal reports of partner problems were associated with estimated maternal incompetence using the Parenting Roles Interview (PRI), which itself was associated with child abuse and neglect. Chronic marital discord was separately associated with child abuse and neglect (see the discussion of the PRI in Chapter 5 above).

Lesser success has been achieved in examining the transmission of attachment through the assessment of romantic (adult-adult) attachment, despite the importance of the couple relationship in the transmission of attachment. Rholes, Simpson, and Friedman (2006) found that higher levels of avoidance in the adult's romantic (adult-adult) attachment, was related to increased parenting stress and less parenting satisfaction six months after the birth of a child. However, such 'avoidant' parents were also less interested in becoming parents and reported higher levels of parenting dissatisfaction generally. Reporting from a longitudinal study, that also assessed paternal *romantic* attachment (rather than state of mind regarding childhood caregivers), Howard found that:

Paternal attachment was related to parenting beliefs in predictable ways, but there were few associations between parenting beliefs and security. Although parenting stress was marginally related to security, it did not mediate the relationship between father and child attachment. (Howard, 2010, p. 169)

A Systemic Approach to the Shaping of Attachment Relationships in Families

Based on a qualitative study of a semi-structured interview relating to mothers' and fathers' thoughts upon their preschool child (Bretherton, Lambert & Golby 2005), Bretherton (2010) argues that parental collaboration or conflict in parenting their child depends not just on the quality of the couple relationship but how each parent evaluates the other as a parent. Commenting on the perceived differences in role of fathers and mothers that the researchers found in these interviews, Bretherton concludes:

What struck us when analysing these descriptions is that parents did not necessarily interpret perceived differences in a negative light. Some admired their partners' distinct relationship "provisions" and/or viewed differences as beneficial in terms of parental complementarity. Hence, to answer the question "what is fathers' versus mothers' relative impact on the child's psychological security?" we need not only to chart how each parent separately fosters secure attachment and secure exploration, but also to understand how a child's security is affected by the degree to which fathers and mothers do and do not value and support each others' parental contributions, whether similar or different. (Bretherton, 2010, p. 20)

This conclusion echoes the findings of Fonagy and his colleagues in the London Parent-Child Project that it was not so much the actual levels of support to the mother from the father that made the difference to infant security, but the relationship between the support that was given and the level of support the mother expected (Fonagy et al., 1994).

In other words, the particular differentiation of gender role is not the most significant factor, but rather, it is the inter-subjective meaning constructed around these roles by the parents that shapes child security or insecurity. This 'triangular' approach to understanding the influence of maternal and paternal roles upon the formation of infant attachment echoes the call of Crittenden and Dallos (2009) for a systemic understanding of attachment relationships. Crittenden and Dallos argue that attachment behaviour of children is developed in the context of the meanings that the family system as a whole constructs, suggesting a "focus on families as meaning making systems", in which:

Family members are seen as holding unique perceptions of their experiences and as attempting to make the best sense that they can of their experiences. ... For example, ideas of what it is to be a 'normal' family, to be a mother or father, what counts as disturbance or 'mental illness' are all culturally constructed ideas that are absorbed by families and come to shape their relationships with each other. (Crittenden & Dallos 2009 p. 402)

In particular, Crittenden and Dallos see the notion of triangular relationships as a means of looking at attachments systemically:

The focus on triangles can be an important bridge between systemic and attachment perspectives. It allows us to see a child as functioning in both direct dyadic relationships with each parent and also the relationship between them ... In effect, the child can be seen as having an attachment strategy with each parent, but [in cases of parental conflict] having those strategies function to meet parents' needs in their relationship without the child's awareness. The situation for the child becomes increasingly complex and confusing, especially when there is no open discussion in the family about what is going on, what people are feeling, what their intentions are and so on. (Crittenden & Dallos 2009 pp. 400-401)

These ideas suggest that, especially in troubled families, to see the transmission of attachment in a linear fashion from parental ideation to that of the child, is to miss how the 'meaning of the child to the parent' may be constructed in terms more relevant to the parent-parent relationship (or meanings derived from needs or preoccupations of other family relationships, including intergenerational ones). Whilst it may not be possible to simultaneously assess all relationships in order to see how the meaning of each impacts upon the other, an assessment tool such as the 'Meaning of the Child' that examines 'dyadic inter-subjectivity' must also be alive to inter-subjectivity in other relationships that impact upon it. These ideas are developed further in Chapters 7 and 14 of this study.

Conclusions

Taking this research as a whole, there is a compelling argument for the inclusion of fathers in research into representations of caregiving. Firstly, and most obviously, this is simply because it is a gap in the research that needs addressing. Secondly, there is insufficient evidence to suggest that a completely different model of the transmission of attachment is needed for fathers than for mothers, given the robust links between paternal representations of attachment in the AAI, parental sensitivity and longer-term child welfare (Steele & Steele 2005, Grossmann et al., 2008). Whilst differences do exist, such differences may be mediated by cultural roles and social family structures rather than be gender or essential differences in fathering and mothering, as the only one of these studies to differentiate different paternal roles would indicate (Bernier & Miljkovitch 2009). This is a critical point in relation to the current project, in part because being involved in child care proceedings often changes the role that a father plays in the life of his child, with fathers giving up work to attend residential assessments, have contact with their child, support a

mother who is struggling on her own, and sometimes taking up sole care of the child. Conversely maternal sensitivity, or representations of caregiving, may not have the same effect on the development of the child, if the mother is not able to occupy a conventional 'mothering role' in relation to the child (as seen in the problem of assessing parents in a residential assessment unit who have until recently not been the child's main carer, as discussed of in Chapter 13, below).

Finally, the research that has focussed on mothers alone has frequently ignored the impact the couple relationship can have on the way in which both parents interact with the child. Whether or not fathers themselves are included into the study, a measure of parental representations of the child needs to incorporate the way in which 'the other partner' affects the meaning a parent gives to their child and perceptions of themselves as a parent. It is possible to take a more systemic approach to the transmission of attachment even when focussing on the child and parent, by looking at how other relationships impact on the 'meaning making process'. The Meaning of the Child does this primarily through the concept of triangulation (see Chapter 10 in the Coding Manual), in keeping with the ideas developed by Crittenden and Dallos (2009), discussed above. However, at the same time questions about the couple relationship are noticeably absent in the PDI (except for the question relating to feelings of need, and the question added by this study about who the child reminds the parent of). This may need addressing if the interview is going to allow the 'Meaning of the Child' to parent to be understood also in the context of the way the family as a whole gives meaning to their relationships.

The ‘Meaning of the Child’ to the Parent and the ‘Transmission’ of Attachment

The Meaning of the Child system and construct is fully described in Chapter 9 and 10 (the Coding Manual). However, it is important to understand how it relates to the existing body of research on the transmission of attachment representations outlined in the preceding chapters. Pulling together the conclusions of these chapters, the following principles have been outlined and argued for, regarding the role that the meaning of the child to the parent has in shaping the nature of the child’s attachment relationships:

1. The ‘transmission’ of attachment between parents and their children is a complex, multidimensional process that cannot be fully captured in one construct or interview.

Claims that the problem of the ‘transmission gap’ in attachment has been solved (e.g. Fonagy & Target 2005), are premature at best. Defining the problem itself is a matter of debate, as whilst security in the parent leads to security in the infant, insecurity breeds insecurity, and even troubled and complex insecurity leads to equally troubled child patterns of attachment. Such global categories mask considerable variation, especially in ‘at risk’ samples and unstable populations (Crittenden, 2003a, Shah, Fonagy & Strathearn 2010). Much has been learned since the question was first posed, but none of the constructs developed, such as parental reflective functioning (see Chapter 2), or the maternal caregiving system (Chapter 5), have been fully able to explain the differences, and even reversals in how parental representations of their relationships impact upon the child.

2. The ‘co-construction’ of attachment is a two-way, systemic process rather than one of linear cause and effect.

The reason for continuing difficulties is not so much the failure of the systems and theories developed, which have identified significant factors, but rather the concept of the ‘transmission gap’ itself wrongly implies that the process is a straight-forward, linear one. The evidence suggests that the process is in fact more dynamic. The child is an active participant in the relationship, and both parent and child are actively making sense of and responding to the world around them. A parent’s experience of being a parent and parenting a particular child can impact the way they represent the world and other relationships, including their own childhood relationships (as assessed by the AAI). Even when looking at representations in the mind of the parent in order to understand the parent-child relationship, the theoretical model used needs to be dyadic in nature, seeing both the relationship and the parents’ representation of it as part of a ‘dance’ or a ‘dialogue’ between parent and child. Even further than that, this parent and infant’s developing ‘conversation’ unfolds in the light of the wider dialogues going on around it, within the family, and society as a whole.

3. The Meaning of the Child stands at the fulcrum of this ‘live’, inter-subjective process.

The ‘Meaning of the Child’ to the parent as both a construct and a classificatory system is an attempt to render visible the ‘collaborative’ and ‘non-collaborative’ dialogues that the parent and child are engaged in (Beebe et al., 2012b, 2012a, Lyons-Ruth, 1999). The process will both influence the child’s security and the nature of the child’s attachment relationships, and the parent’s state of mind in relation to their other relationships. The ‘inter-subjective’ meeting between parent and child is shaped by what both bring in to

the relationship, including the parent and child's pattern of attachment, experiences of trauma, and factors such as the experience and circumstances of the child's birth, the child's abilities/disabilities, and the parent and child's perception of and relationship with the other parent. To recognise the parent as the most powerful person in the relationship (the child has a meaning to the parent before he or she is even born), is not to detract from the dyadic nature of how the parent and child construct their relationship and its meaning to each of them. Parents can and do have different relationships with different children, and children of the same parents can differ from each other in how they protect themselves in their relationships. These points are represented visually in Figure 1 and Figure 2 below.

4. The 'Meaning of the Child' to the parent needs to be understood in terms of the parent's defensive processing of 'information' about the parent-child relationship.

The 'Meaning of the Child' to the parent is not a static model, a library that is consulted when necessary, but a live, and dynamic, 'meaning-making' process. In that sense, the 'meanings' of the child might be a more accurate term. Parents give meaning to the parent-child relationship in the light of how they have learned to 'transform' information to defend themselves in the past, as can be observed and assessed in the AAI (e.g. Crittenden, 2008, Crittenden & Landini 2011). However, the process is not a direct or simple application of the same lenses through which the parent perceives their childhood relationship with their parents, because the child is not (normally) a parent to the parent (an attachment figure), but a dependent upon the parents' caregiving (in normal parenting conditions).

5. The Meaning of the Child is therefore a synthesis of an understanding of information processing in attachment relationships, derived from study of adults' responses to the AAI, with an inter-subjective and systemic approach to the 'co-construction' of attachment relationships, derived from studies of parent-child interaction and communication.

This approach is most closely matched by the work of George and Solomon and Crittenden (e.g. George & Solomon 2008, Crittenden, 2008, see Chapter 5 above). However, as already argued, among other things, George and Solomon's constructs are not able to discriminate between whose affect and perspective the parent dismisses or is confused by. Equally, whilst Crittenden's thinking, and more comprehensively developed approach to understanding the transformation of meaning under conditions of threat, inform the 'meaning of the child', she has not yet developed a system of understanding parenting representations that either fully utilises the theory she has developed, or is sufficiently dyadic in nature (despite the pioneering contribution of the CARE-Index to understanding maternal sensitive caregiving in dyadic, systemic, terms). The Meaning of the Child system attempts to understand the way parent defensively attributes meaning to the parent-child relationship, without assuming that the child means the same to the parent as their own parents and will be treated in the same way. Rather, the classifications of the Meaning of the Child are tied conceptually to how the parent is likely to respond or fail to respond to the child (contingently or non-contingently, with pleasure or hostility, see Chapter 9 of the Coding Manual: Foundations).

- 6. The concept of the Meaning of the Child overlaps with that of reflective functioning in its widest sense, but is specific to a particular parent-child relationship, rather than a characteristic of the parent alone.**

Parental Reflective Functioning can be seen as the nature of a parent's understanding of their child's internal world and their own, and their relationship to each other. Understood in the multi-dimensional sense developed in the later work of Fonagy, Luyten, and colleagues (e.g. Luyten et al., 2012, Fonagy, Luyten & Strathearn 2011), which distinguishes between affective and cognitive, automatic and controlled mentalising, self/other, and internal and external forms of mentalising, the idea has considerable similarities to the concept of the Meaning of the Child to the parent. However, the parental RF scale developed to measure reflective functioning, does not appear to pick upon these dimensions (and indeed was developed before they were identified). In addition, it yields only a global level of RF, and so cannot distinguish between different meanings given to the child and the child's world in ways that impact upon the parent-child relationship.

- 7. The Meaning of the Child has been developed specifically to identify and discriminate between 'at risk' parent-child relationships in ways that have predictable consequences for the development of infant and child attachment.**

A difficulty for scored systems such as the RF scale, and for pattern based systems that try and identify one 'at risk' category, such as the WMCI, and the Caregiving Interview, is that they cannot therefore discriminate different kinds of 'at risk' relationships. Not only is this less useful clinically (because it helps to know something about such relationships before intervening in them) but also fails to offer any understanding of

how and why such relationships do in fact differ (Crittenden, 2003b, Shah, Fonagy & Strathearn 2010). The Meaning of the Child is therefore unique in its attempt to classify parental representations of child and caregiving by categories that differentiate ‘at risk’ relationships (as well as normative relationships) in ways that predict different pathways of child attachment and development (see Chapter 14 below, as well as the Coding Manual, Chapters 9 and 10).

The Formation and Influence of the ‘Meaning of the Child’:

Visualising the Transmission of Attachment

These ideas can be represented visually, through Figure 1 and Figure 2 below:

Figure 1: A Systemic Approach to the Transmission of Attachment

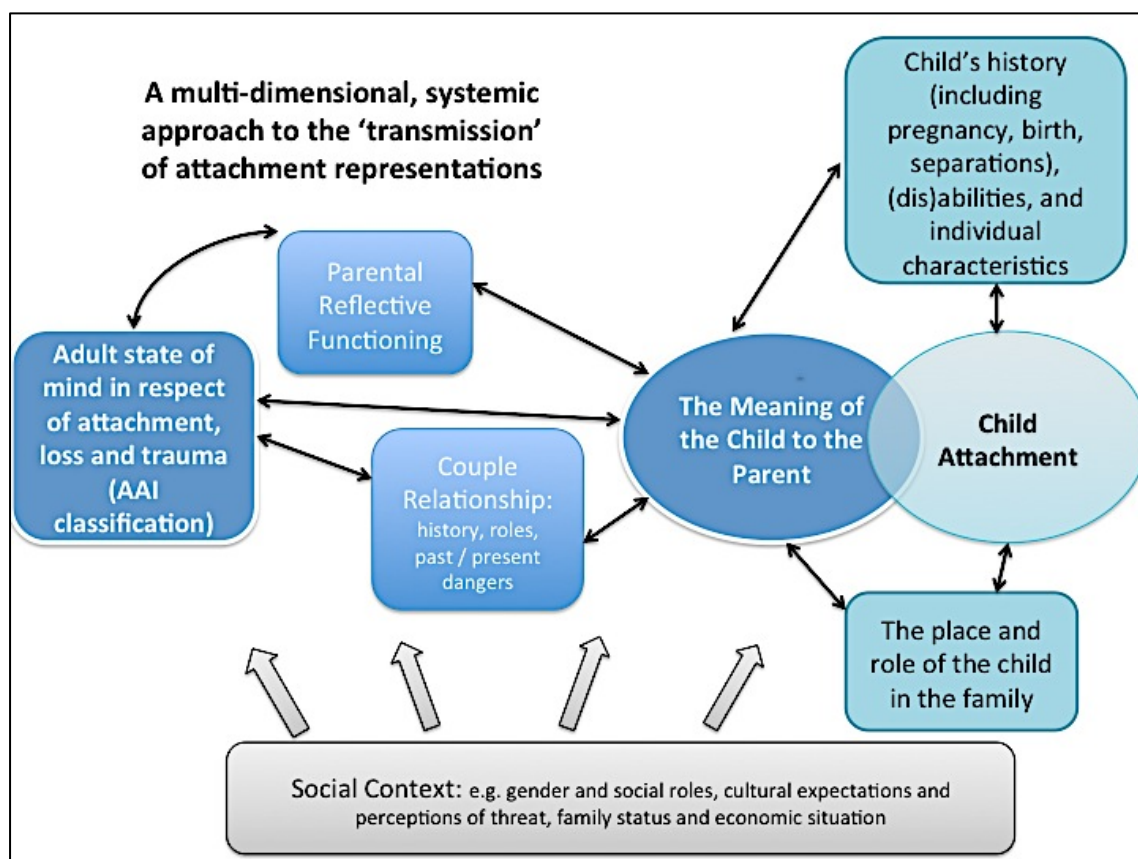


Figure 1 visually represents a two-way systemic approach to the transmission of attachment representations, and the place of the 'Meaning of the Child' to the parent within it, that is envisaged by the Meaning of the Child measure. The adult's manner of defensive processing is formed in childhood experiences of being parented, as well as experiences of loss and trauma that may not yet be fully resolved. However, the influence of this on the parent's construction of the meaning of their child is mediated to some degree via their capacity for reflective functioning, and other relationships, especially the parent-parent relationship (whether separated or parenting jointly). The influence of such relationships needs to be interpreted widely, including direct experiences of danger and conflict, but also roles, expectations, support, and the partner/other parent's perception of the parent's role in caregiving. The influence upon their parenting of the adult's security or insecurity is also mediated by the parent's history of parenting the child, including the parent's experiences of pregnancy and childbirth, diagnosis of disability, and experiences such as separation from the child. Similarly, the meaning that the parent gives his or her relationship with the child is likely to be influenced by the 'meaning making' of the family as a whole; the different roles already in operation, and the ways in which these are constructed. For example, it is thought that a parent is less likely to see their child as a caregiver to them and seek support from the child in a role-reversed manner, if elder siblings have already taken that role. Or if one parent has 'recruited' one child in an alliance against the other parent (by being attentive and warm to one child, and cool and disengaged towards the other), the other parent might reverse this process in forming an alliance with the other child, so that the parental conflict is played out in the sibling relationship (Crittenden & Dallos 2009). Such a process is likely to result in the different siblings having a very different meaning to each of their parents, and potentially different attachment organisations.

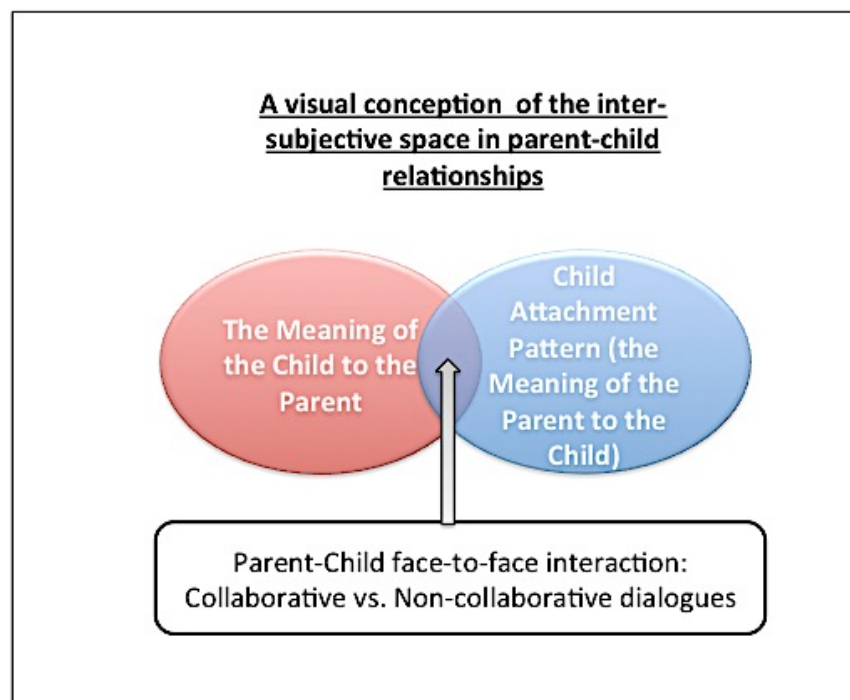
Social context is conceived as another dimension, influencing all the factors involved rather than a variable itself. For example, distributions of attachment patterns in adults vary by culture, because culture itself passes onto children learned representations of threat (Crittenden, 2003a). Similarly couple roles or child roles within a family are mediated by culture and gender. In addition, racial hostility, and/or experiences of immigration present threats to the adult (and the child, as s/he grows older and has an independent relationship with the wider world). As Crittenden and Dallos point out (2009), ideally we would want the ability to understand the meaning given to relationships at all levels, from parent and child, to the immediate family, wider family, through to the social and political. Whilst we may lack the 'technology' to truly manage this complexity, this is no reason to ignore their impact.

Such depictions always simplify and explain some things at the expense of others. For example, the different influences of the construction of 'the meaning of the child to the parent' influence each other in their effects. Taking the 'couple relationship' in its widest sense; for example, a child of a violent and abusive relationship, or of rape, is considered as more likely to take on a negative meaning to the parent caring for the child if they physically resemble the abusive parent, than if they are the same gender as the caregiving parent and are not seen as looking like the hated or feared parent. Another example, might be the way in which parental reflective functioning (or 'insightfulness'), may influence how a parent resolves or fails to resolve the impact of a diagnosis of disability, an event that can be seen as a loss of the child, and the expectations (and meanings) of the child that the parent had (Oppenheim et al., 2009, 2007, Solomon & George 2000). The linear relationships depicted in Figure 1 (above) are suggested by the term 'transmission gap'; however the relationships

could equally be conceived in ever widening circles from the parent-child relationship in the centre, and the 'Meaning of the Child' to the parent, to the parent's reflective functioning and state of mind regarding attachments and resolution of trauma and loss, to wider family relationships and society and culture on the 'outside' (c.f. Farnfield, 2008). The advantage of such an 'ecological' approach is that each of the widening circles is thought in some way to 'contain' those within it. This perspective goes some way to envisioning how meanings 'constructed' by and about the relationships at the centre (e.g. mother and child) are themselves formed in the context of 'wider' familial and cultural beliefs and assumptions.

This being said, one of the reasons for depicting the influences upon the 'meaning of the child' to the parent as shown in Figure 1 (above) is to give the context for the visualisation of the 'co-construction' of attachment between the parent and child in Figure 2 (below). The child's attachment pattern can be conceived as the 'meaning of the parent to the child'. The meanings that both the child and the parent have in relation to each other, are both derived from the nature of the interactions between them, and at the same time shape that interaction. These interactions are the place in which the parent and child 'meet' (the overlapping intersection in Figure 2), and this meeting is what measures such as the CARE-Index and the AMBIANCE procedures are designed to assess. However, whilst these interactions are behavioural, in the sense that all the parent and child 'see' of each other is the other's behaviour, this behaviour is the outworking of conscious and unconscious mental processes, where both parent and child give meanings to each other's behaviour. Hence, the 'meeting' of parent and child can be seen more widely as an 'inter-subjective space', or a collaborative (or non-collaborative) dialogue, a series of conversations between parent and child, in which the meaning that each has of the other is constructed.

Figure 2: Visualising the Inter-Subjective Space



Of course, this picture does not acknowledge the developmental differences between parent and child. The parent gives meaning to the child prior to birth (and some of the influences upon that meaning are given in Figure 1). In the early months following birth, the child's responses to the parent can be better seen as 'pre-attachment' behaviour, learned responses to the actions of the parent (e.g. inhibiting behaviour that predictably leads to unpleasant outcomes) rather than a goal directed partnership, where the child organises their behaviour around that of the parent in order to stay safe (Bowlby 1982, Crittenden 2008, Crittenden 2007). However, simply because the infant is not self aware of the process does not mean that the analogy of a conversation does not apply. However, it is true that as the child gets older s/he becomes a more active, intentional participant in the dialogue.

The Meaning of the Child Patterns

The parent's contribution to the on-going dialogue (or 'inter-subjective space', see Figure 2 above) between the parent and child is what the Meaning of the Child attempts to capture. The Meaning of the Child system classifies parental representations (the red 'oval' in Figure 2 above) in 4 patterns (Sensitive, Controlling, Unresponsive, and Unresponsive and Controlling) that are intended to relate to patterns of parental caregiving in face-to-face interaction in the CARE-Index (Crittenden, 2007), which can be seen as assessing the 'inter-subjective space' from the perspective of what is discernable from external observation. The Meaning of the Child system is described fully in Chapters 9 and 10 (the Coding Manual), and these ideas are developed further in Chapter 14, in the light of the results of the validation study.

The Meaning of the Child patterns have been developed separately from the AAI attachment patterns, as they are thought to be dyadic in nature, related to the on-going 'dialogue' with a specific child, rather than reflecting a general state of mind regarding childhood attachments (see above, and Figures 1 and 2).

The Meaning of Risk in the Meaning of the Child

The Meaning of the Child also varies from other attempts to differentiate parenting representations into patterns, by conceptualising risk in degree rather than as a separate pattern. Following the CARE-Index 'ranges' (Crittenden, 2007), risk is seen on a continuum, from Sensitive, to Adequate, to Intervention (renamed from Inept), to High Risk, with borderline categories in-between (as the Meaning of the Child is not 'scored' in the way the CARE-Index is). The assumption behind this is that risk is created through the level of

distortion in the ways in which the child, the relationship and dangers in the environment are perceived, rather than the kind of insecurity (Crittenden, 2006). Risk is construed in attachment/mental health terms rather than child protection although there is clearly overlap. That is, 'High Risk' is used to classify those relationships considered to be likely to result in significant mental health and social problems for the child in the long term. Or put another way it is likely to be associated with child attachment patterns that are likely to prejudice the child's development.

The infant CARE-Index is well validated in respect of its assessment of risk in relation to child development and in future attachment relationships (Farnfield et al., 2010, Svanberg, 2009, Svanberg, Mennet & Spieker 2010), so the validity of the Meaning of the Child's construction of risk is primarily through comparison with the CARE-Index (see Chapter 11 below). In addition, although the Meaning of the Child assesses a much wider array of information sources than the Parental RF scale, the conception of risk is related (see Chapter 2, and point 6., above), and so a significant correlation with the RF scale is also anticipated. This issue of validation is addressed in detail in the Chapter 11 below.

The Distinguishing Features of the Meaning of the Child

The table below (Figure 3) outlines the instruments discussed in the preceding chapters and the limitations that the Meaning of the Child seeks to address. In theoretical terms, of the Meaning of the Child to understanding parental representations of their child and caregiving can be seen in the following:

- 1) The Meaning of the Child offers a systemic, inter-subjective approach to classifying parenting representations.** The Meaning of the Child does not attempt to directly link

parent representations of the child and their caregiving directly with either adult or infant patterns of attachment, but rather looks to understand the inter-subjective space where both parent and child construct the meaning of their relationship. As such it is alive to the way in which outside relationships, such as couple, family and wider social relationships help shape the meaning of the relationship for both parent and child, in addition to the influence of the parent's childhood attachment experiences.

- 2) The Meaning of the Child coding system integrates Crittenden's DMM understanding of self-protective information processing with a dyadic approach to the 'co-construction' of attachment.** The contribution of research using the AAI to the Meaning of the Child is not the patterns of attachment to childhood caregivers, but the approach to self-protective transformations of meaning developed in the DMM-AAI (Crittenden & Landini 2011). This understanding is used to illuminate the specific meaning constructed by the parent around the child in its wider systemic context.
- 3) The Meaning of the child seeks to distinguish clinically different patterns of 'at risk' caregiving.** Many existing approaches have been based upon the concept of attachment 'disorganisation' to delineate risk in parent-child relationships. The difficulty with this is that they are unable to differentiate between psychologically different patterns of 'at risk relationships', limiting their usefulness as a tool in forensic and clinical work with troubled families. The Meaning of the Child has been developed without this reliance. It has been developed to gauge both the level of psychological risk in the parent-child relationship, and to discriminate between different kinds of 'at risk' relationships in ways that have different developmental outcomes for the child, as well as different implications for treatment and intervention.

4) The Meaning of the Child has been developed to assess fathers as well as mothers, and both are included in the validation study. The systemic understanding of the 'Meaning of the Child' to the parent is reflected not only in the coding system but also in the inclusion of fathers in the validation study. The Meaning of the Child to the parent as a construct does not depend upon a particular conception of mothering or fathering, but examines the nature and level of distortion in the way in which any parent invests meaning in both the child and their role as a parent.

Figure 3: Table of Current Approaches to Assessing Parenting Representations

<u>Instrument</u>	<u>Adult Attachment Interview</u> (AAI: George, Kaplan & Main 1985)	<u>Parent Development Interview</u> (PDI: Aber et al., 1985)	<u>Reflective Functioning Scale</u> in the PDI/AAI (Fonagy et al., 1998; A. Slade et al., 2005)	<u>Insightfulness Assessment</u> (IA: Koren-Karie & Oppenheim, 2004)	<u>Mind-Mindedness Assessment</u> (MM: Meins et al., 2003)	<u>Working Model of the Child Interview</u> (WMCI: Zeanah et al., 1986)	<u>Parents' Interview</u> (PI: Crittenden, 1981)	<u>Parenting Roles Interview</u> (PRI: Bifulco et al., 2009)	<u>Caregiving Interview</u> (CI: George and Solomon, 1988)
<u>Example Studies of Parenting using Instrument</u>	(Steele & Steele, 2008; Lyons-Ruth et al., 2005)	(Aber et al., 1999; Slade et al., 1999)	(Slade et al., 2005; Griesenberger et al., 2005; Steele et al., 2008)	(Koren-Karie et al., 2002; Koren-Karie et al., 2004)	(Meins et al., 2001, 2002, 2003)	(Benoit et al., 1997; Huth-Bocks et al., 2004; Schechter et al., 2005)	(Crittenden et al., 1991, 2003)	(Bifulco et al., 2009)	(George & Solomon, 1996; Solomon & George, 2011, 1999)
<u>Brief Description of Instrument</u>	Classification of parents' representations of childhood caregivers and state of mind in respect of attachments	Parental representations coded according to 16 variables across 3 dimensions: Joy, Anger, and Guilt	PDI or AAI scored for adult's ability to make appropriate attributions of mental states of self and other	Parents' responses to viewing clips of their own interaction with their child assessed for level and nature of insight	Assessment of mothers' mentalising comments during videoed free play interaction with their child	Ratings of Parental representations of their child across 8 dimensions yielding 3 patterns, Balanced, Disengaged and Distorted	Interview of both parents with child present, rated for attachment classification and level of parental reasoning	Parents scored for felt and coder-estimated competency, concern about child, and quality of interaction	Adapted PDI interview to assess caregiving, yielding classifications of Flexible, Uncertain, Rejecting and Helpless parenting
<u>Limitations of Instrument for assessing 'at risk' & 'struggling' Parent-child Relationships</u>	Only assesses representation of childhood relationships, so cannot yield child-specific information. Problem of how and why it 'works' - the 'transmission gap'.	Overly complex. Limited application to 'at risk' populations. Differentiates security/insecurity rather than different patterns of relating.	Scale only, so cannot differentiate different kinds of parent-child relationships. Some problems in differentiating between mothers of children with normative / 'at risk' attachment patterns.	Cannot discriminate within 'at risk' relationship category. Interview relates only to videoed interaction, so cannot attend to wider history and context. Meaning of 'disengaged' category unclear.	Does not differentiate different parent-child relationship patterns. Assesses mentalising during free play only so cannot attend to wider history and context.	Difficulties in identifying risk category and differentiating between at-risk relationships. Relationship to child attachment patterns or parent-child interaction unclear.	Parental reasoning scale cannot differentiate different kinds of 'at risk' relationships. Relies on AAI patterns, so lacks clear relationship to parent-child interaction.	Scored - does not differentiate different kinds of parent-child relationships. Only parental competency scale appears to be empirically validated.	Cannot discriminate within 'at risk' relationship category. Does not distinguish between dismissal of self vs. child.

SECTION B:

DEVELOPING THE MEANING OF THE CHILD

The Purpose of the Research and its Methodology

The purpose of this research has been to develop a new procedure to assess the ‘meaning of the child to the parent’ that is valid both as a research instrument for studying attachment relationships, *and* as a clinical tool to guide intervention and decision making with ‘at risk’ and struggling families who are involved in the family court system. This purpose yields three areas of consideration that shape the methodology used for the project:

1. The methodology needs to be acceptable within the standards and practices set within the area of study, namely attachment relationships, and appropriate to the theory it is designed to assess.
2. The method needs to fit its intended use within clinical practice: specifically assessment of and intervention with families involved in the family courts.
3. Finally, the methodology of developing a new assessment procedure involves different considerations and processes than research using an already developed and validated instrument.

It is therefore worth exploring both the practical requirements and epistemological assumptions of each of these three concerns, before seeing how this research has attempted to integrate them into one project.

The Methodology of Attachment Research

Attachment Theory has its roots in the work of the psychoanalyst John Bowlby (e.g. Bowlby, 1969), whose work can be seen as an attempt to reposition the understanding of human relationships from an interpretivist framework, to one based upon ethology and the biological sciences. As Fonagy (2001) argues, Bowlby's ideas...

.... led to a line of empirical investigation that served to distance attachment theory further and further away from psychoanalysis, separated by not just a novel orientation to understanding clinical cases, but also by an incompatible epistemology. Bowlby's interest in observation, research, and the representation of the real, rather than the reality of representation, ruled him out of bounds for all but the most unorthodox of psychoanalysts for most of the second half of his life.... Consequently, Bowlby's followers came from the world of empirical science and laboratory observation. (Fonagy 2001, p. 4 - 5)

Put into the terminology of the research methodology literature, attachment theory would appear to be tied to positivist (or post-positive) epistemological assumptions, and 'quantitative' approaches to psychological research.

This would appear confirmed by Ainsworth's subsequent identification of the 3 basic attachment patterns (Type A, B, and C, see Appendix 1) and her development of attachment theory's first instrument, the Strange Situation Procedure (Ainsworth et al., 1978) whereby this could be measured and tested. In keeping with 'post-positive' epistemological assumptions (e.g. Burbules & Phillips, 2000), reality is 'reduced' to discrete categories that

operate as variables and are subject to hypothesis and testing, so that theory can be refined:

The knowledge developed through a post-positivist lens is based upon careful observation and measurement of the 'objective reality' that exists 'out there' in the world. Thus developing numeric measurements of observations and studying the behaviour of individuals becomes paramount... Finally, there are laws or theories that govern the world, and these need to be tested and verified so that we can understand the world. (Creswell, 2009 p. 7)

Ainsworth's identification of the attachment patterns and development of the SSP began 35 years of predominantly quantitative research methods; the development of new instruments and procedures to assess attachment in different age-groups, the development of further patterns and scales, and a statistical approach to validation and research. This pattern is followed (indeed almost entirely assumed rather than explained) in almost all the studies quoted in the literature overview in this study, with Bretherton et al. (2005) being the only clear exception.

However, the development of the Adult Attachment Interview (AAI: George, Kaplan & Main 1985), and what Main (1995) calls the 'move to the level of representation' in the study of attachment requires a more nuanced understanding. Firstly, the AAI is a semi-structured interview, based upon open-ended questioning, exploring the 'meaning' of childhood attachment relationships to the individual. Such techniques are more characteristic of

qualitative research, than the more tightly defined questionnaires, which predominate in quantitative studies (Creswell et al., 2011):

A salient strength of qualitative research is its focus on the contexts and meaning of human lives and experiences for the purpose of inductive or theory-development driven research. It is a systematic and rigorous form of inquiry that uses methods of data collection such as in-depth interviews, ethnographic observation, and review of documents. Qualitative data ..., provides detailed information about setting or context, and emphasizes the voices of participants through quotes.
(Creswell et al., 2011 p. 4)

At least so far as the data collection period is concerned, the actual process of interviewing would appear to be enabling the individual to tell his or her story, to 'discover' the meaning of their attachments to the adult, rather than test out a hypothesis or verify a theory, which again fits more easily into the qualitative paradigm (Creswell, 2009).

However, at the stage of *coding* an AAI, the similarities to the 'qualitative' process begin to break down. Whilst the identification of key themes in the interview might echo the qualitative coding process, the aim is not inductive, but deductive, that is to 'reduce' the meaning of the interview transcript to one of the pre-ordained categories (patterns of attachment). It is in that sense 'top-down', imposing predefined categories upon the transcript, derived from pre-existing theory, rather than 'bottom-up', trying to discover themes and develop theory, in the manner characteristic of qualitative research (Creswell

2009, Plano Clark et al., 2008). Coding methods such as the AAI would appear to be a way of transforming qualitative data into a form that is suitable for quantitative analysis.

This being said, the AAI moved attachment away from observation of the real world to the idea of narrative coherence, judging a transcript on the basis of its internal coherence rather than its relationship to something 'out there' in the 'real world'. In addition, there is something of a continuum in the way in which attachment interviews like the AAI are coded, with coding approaches such as the Reflective Functioning Scale (Fonagy et al, 1998), which predominantly involving scoring interviews for both the presence *and* quantity of mentalising statements on one end, to highly interpretive approaches, such as Crittenden's DMM version of the AAI (Crittenden & Landini, 2011) which involve making judgements as to the function of particular 'markers' to the individual. The latter involves *both* a deductive process of applying a system to an interview, and in each interview trying to understand and make sense of the particular meanings an adult has derived from their own experience. The Meaning of the Child sits likewise at that interpretive end of this continuum.

This variation is equally true in terms of worldview claims. Despite attachment theory's positivist roots, the 'meaning' based procedures, such as the AAI, PDI and assessments of children such as narrative story stems (assessing children's representations through their completion of attachment related stories, Farnfield 2009, Emde, Wolf & Oppenheim 2003) appear to be moving attachment theory back towards attending to, in the words of Fonagy (2001, quoted above) "the reality of representation" rather than simply "the representation of reality". For example, Crittenden and Dallos' (2009) synthesis of attachment theory and systemic family therapy, in talking of the inter-subjective construction of the meaning of attachment relationships at the family, social, cultural, and political levels, would appear to

be recasting attachment theory within a more socially constructivist epistemology, in its implication that the internal world is socially created. In this sense, despite the predominance of quantitative research methods in the attachment literature, neither the qualitative/quantitative distinction in research methodology, nor the epistemological considerations underlying them, would appear to be absolute. Pocock (2010), examining Crittenden's DMM from the standpoint of a systemic family therapist makes this explicit, arguing that the attachment field ought to pay attention to its epistemology, suggesting the approach of 'critical realism' (CR: Bhaskar 1989):

The "realism" bit of CR refers to the assumption that there is an external world beyond all our ideas about it, which must be a structured, stratified, and open system (how else could science continue to produce useful knowledge if the world was not like that?). However, CR takes a critical position on knowledge (rather than a naive one), recognizing that knowledge claims are socially produced and propagated and very often highly contested. (Pocock 2010, p. 308)

This would provide a rationale for the attachment literature's devotion to traditional scientific methods, whilst divorcing it from the positivist knowledge claims that usually go along with that. As Pocock goes on to say:

Coupled to CR's realist ontology is a relativist epistemology – what gets onto a theoretical map of the world is relative to its viewpoint. But,

unlike the assumptions in postmodernism, it recognizes that the reliability of these socially-made maps can be improved by testing them against the constraints of the real world through science and other forms of practice. (Pocock 2010, p. 308)

Pocock goes beyond justifying attachment's current methodological approach, however, in suggesting that there may be room for what the mixed-methods literature (e.g. Johnson, Onwuegbuzie, & Turner, 2007, Jick 1979) call 'triangulation' of methods, making the analogy of the different maps in an atlas (e.g. topography, climate, religion etc.) suggesting that:

No map can transcend its own viewpoint (a map of religion can't say much directly about climate) but each map could be improved from its viewpoint by fresh encounters with reality ... More enticingly, if the symbols on each map were drawn on transparencies with each overlaying the others then fascinating comparisons from different viewpoints would become possible, adding a depth of understanding, or raising interesting new questions, or both. (Pocock 2010, pp. 308-309)

In the attachment field at least, there is support for a contention that the *"the dividing lines are much fuzzier than typically suggested in the literature, and that antagonism between paradigms [that set Bowlby apart from his roots] is unproductive"* (Johnson, Onwuegbuzie & Turner, 2007 p. 117, original emphasis).

The Standpoint of the Clinician-Researcher

If the Meaning of the Child has arisen out of attachment theory, in terms of developing a methodology for its development and validation, it is equally important to consider what it has been developed *for*. This researcher's starting point for this research has been its application to both intervention and decision making in the lives of families whose children are considered to be 'at risk' by statutory authorities. At the outset of this project, the researcher led a multi-disciplinary team working for a voluntary organisation that carried out assessments and intervention with families on behalf of Local Authorities and the family court system. This team specialised in the use of attachment based procedures to guide both decision-making and therapeutic intervention with children and families in the family court system. This researcher's experience of working within the court system for many years is that practitioners' fear of the court system has driven professionals to focus on harm that can be easily seen and documented, which in practice has meant a focus on physical care, and documenting parental failures, rather than trying to understand the context in which parents struggle to be the parents that most want to be. Even within the researcher's own organisation, assessments of families residentially often focussed particularly on workers detailing observations of nappy changing and other such parenting 'tasks', which sent a powerful message about what professionals saw 'good' parenting as. Attachment theory, which looks at the effects of danger upon family relationships, has offered a lens, in which the context that endangered parents struggle can be highlighted and understood. Crittenden's DMM in particular emphasises that all human behaviour makes sense in regard to some context, and that abnormal, bizarre and/or destructive behaviour is 'normal', and even adaptive, in regard to abnormal and terrifying or debilitating

circumstances (Crittenden 2008, Pocock 2010). The use of attachment theory to shift focus upon the endangered context of troubled behaviour; honouring the human ability to adapt and find a way survive terrifying danger and loss, whilst helping parents to adapt to their current circumstances, or at least minimising the effects upon their children, is an ethical stance as much as it is a theoretical one.

At the same time, an attraction of attachment theory is that its traditional 'scientific' methodology gives it a currency in the family court system that may otherwise be occupied by more failure orientated classificatory systems, that locate problems as being intrinsic to the parent, rather than being situational and context driven. In this sense the battle for knowledge claims is a political one (Pocock 2010), as the Social Constructionists have consistently highlighted. This researcher has been actively involved with an international group of researchers and practitioners who have been concerned at the widespread ad-hoc, varied, and purely intuitive use of attachment theory in the family court system, and have attempted to develop a common theoretical language and framework for assessing attachment for the courts (now published as Crittenden et al., 2013). As has already been indicated (see the Introduction), the Meaning of the Child was developed to 'fill a gap' where there was no suitable procedure to assess the perceptions of the child, and so professional judgements were being made in something of an evidential vacuum, lessening their 'status' in the court arena.

This dual role of both practitioner and researcher is not, of course, a new one. Barker, Pistrang, and Elliott (2002) trace it to the 1949 conference in Boulder, Colorado, considering the training appropriate to the expanding field of clinical psychology, which argued that clinical psychologists should be able to function as both scientists and practitioners.

However, the role of being both a clinician and a researcher was modelled even earlier than this in the field's psychoanalytic roots with both Freud and Jung. The role presents both difficulties and opportunities; the latter created by a ready-made context for research that is 'real' rather than created artificially by the researcher, the former because the constraints of that context must to some extent define the research, and limit the options of the researcher.

However, perhaps the wider struggle in the clinician-researcher role is between the clinical usefulness of research, and its validity from the standpoint of the research community. The clinician is interested in a tool or a theory that will help him ('he' being used here simply reflecting the gender of this particular researcher) to understand the families that he works with. He is not interested so much in proving a theory, or even developing a theory, but rather in what that theory might show him about the specific parents and children he meets, and how it might guide intervention. The standpoint of the clinician therefore is more inductive than deductive, working from the individual to some kind of theoretical formulation that might offer the basis to make the decisions he needs to make. It is more of a 'bottom up' rather than 'top down' process, and thus more analogous to the methodology of qualitative research.

Paradoxically, it is this very thing that makes the *quantitative* research methodology primarily adopted by research on attachment attractive, for the clinician engaged in research rather than actual clinical work. The concern of the clinician, especially working in court settings that set an ideal of 'objective', or a least more standardised, decision making, is that his work may not be valid, reliable and generalizable from that wider standpoint; that his interpretations may be too particular. The courts seek consensus and agreement from

the professional community, or failing that, clear parameters by which such disagreement can be resolved. The consideration of these issues are the strength of the quantitative model of research (Creswell et al., 2011). This is not to suggest that these issues are not addressed by qualitative researchers and theorists, but the particular strength of quantitative methods is that they can be used *“to create the possibility of replication and generalization to a population, to facilitate the comparison of groups, and to provide insight into a breadth of experiences.”* (Cresswell et al. 2011, p. 5).

However, whilst the ‘reductionist’ categories, classifications, and scores yielded by instruments developed in the quantitative field of research does help give confidence to the clinician who may need to justify his decisions to the court, or to gatekeepers of funding, they are not in themselves enough. He must at the same time explore the specific meaning of the results to the situation he is in and apply them in a way that is appropriate to context. In this, the nature of the tool and the information it yields is important. Some tools for example, may have a well-established and admirably researched validity, but be limited in their applicability for the clinician. For example, this researcher’s team found the parental Reflective Functioning Scale (Slade et al., 2005a) to be useful in identifying risk, but given that the majority of the parents being assessed scored similarly low levels of Reflective Functioning, it had limited utility in the team’s attempts to work out a way forward for particular families. At the same time, the use of the PDI semi-structured interview to assess RF yielded clinically ‘rich’ information that was ‘lost’ by the measure – the approach was too reductionist. Part of the aim of this researcher in developing the Meaning of the Child, has been to see whether some of this information could be still yet be ‘captured’, whilst also

retaining the constraints of generalizability, reliability and validity imposed by quantitative research methods.

However, even here it has to be acknowledged that the clinician will need to 'go beyond' the categories and constructs offered by an instrument, such as the Meaning of the Child, and this tension will always exist. These considerations however, have guided the development of the Meaning of the Child, and its presentation in this thesis. They suggest the need for a pragmatic orientation to research (Cherryholmes 1992, Johnson & Onwuegbuzie 2004). The epistemological claims of pragmatism are similar to Pocock's exposition of Critical Realism described above, in that room is found for both the reality of the external world and the socially constructed nature of knowledge. However, pragmatism is the view that we should derive research methods less on a view upon what knowledge is and derives *from*, and more on what it is intended to use it for; its purpose and anticipated consequences (Cherryholmes 1992, Johnson & Onwuegbuzie 2004, Cresswell 2009). Thus for the pragmatist researcher, a quantitative, qualitative, or mixed research methodology is derived less from a view on the nature of reality, but more on which methods will suit the purpose and nature of the research, i.e. what the intended use of the research is. It is what Johnson and Onweugbuzie call "*a needs-based or contingency approach to research method and concept selection*" (Johnson & Onwuegbuzie 2004 p. 17). This approach fits very well with that of the clinician researcher, whose eye is always to how the research (or research instrument) might be used and applied.

A Research Methodology for the Development and Validation of the Meaning of the Child

The third influence upon choosing the mixed-methods model of research within this project has been the goal of developing a new procedure. New procedures by definition do not fit within an existing paradigm; whilst the aim is to develop a research instrument yielding quantifiable data according the predominant method in the field of studying attachments, the process of developing it cannot be made to fit the established pattern because the criteria to quantify the data do not exist (as that is what the 'new' method seeks to establish). This necessitates a more open and 'pragmatic' approach to methodology than exploring a research question using an existing method or procedure within an established framework. In order to develop this point further, it is helpful to understand something of the nature and history of mixed methods research.

Mixed methods research has been defined as:

The type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration. (Johnson, Onwuegbuzie and Turner, 2007)

The origin of the mixed methods approach to research is usually (e.g. Creswell, 2009) traced back to Campbell and Fisk's (1959) study of psychological traits. Many researchers who followed them began to collect data for different sources, feeling that data from one source

could be used to correct biases inherent in the other. The concept of 'triangulation' became current, with some arguing that triangulating between (quantitative and qualitative) methods allowed the researcher to have the greatest confidence in their results (Denzin 1978, Jick 1979). As these approaches developed, other purposes were advanced; for example, Rossman and Wilson (1985) argued that in addition to triangulation of data, combined research could yield richer data or develop analysis, and develop new areas of understanding through resolving the paradoxes that arise. In the 1990's researchers began to seek convergence, developing ways in which quantitative and qualitative data could be integrated, for example, qualitative quotes used to support statistical results (Creswell & Plano Clark, 2007). In the last decade, this has been developed into a fully-fledged research methodology, with attention given (e.g. Plano Clark et al., 2008) particularly to *timing* (when qualitative and quantitative data is collected and interpreted, whether sequentially or concurrent), *weighting* (the priority given to the different research methods in the study, and the rationale for this), and *mixing* (how the different kinds of methods are combined).

These considerations have led recent theorists of mixed methods designs (e.g. Creswell 2009, Plano Clark et al. 2008, Creswell & Plano Clark 2007) to distinguish between the traditional triangulation design (where the two methods are used side by side and compared), the explanatory design (when, for example the researcher uses qualitative data to explore or refine results of quantitative analysis), the exploratory design, where qualitative data is used to explore an area where little is known, before quantitative methods can be developed to test it, and embedded designs, where one type of data is used in a supportive role to the other.

The purpose of the Meaning of the Child has been to design and validate an instrument capable of measuring the level of risk in the parent-child relationship and classifying the nature of that relationship in useful ways; as such it is primarily a 'quantitative' instrument, although as previously argued, given the process of interpreting semi-structured interviews embedded in it, the distinction is not absolute. To use the terminology of the literature, it is therefore a 'QAUN+qual' study in terms of the weighting of the different methods (Creswell, 2009). This is because, as Creswell et al. (2011 p. 7) point out, "the choice of a mixed methods design should be informed by a theoretical and conceptual orientation that supports the overarching science and needs of the study." In the Meaning of the Child, the 'overarching science' is attachment theory, and in particular the theory of inter-subjective, self-protective information processing approach to parental representations that was developed in the earlier chapters of this study. The needs of the study, as we have seen, are to produce a procedure that will discriminate between different kinds of parent-child relationship in ways that are both valid, from the perspective of the 'science' of studying attachment, and useful from the perspective of assessing and intervening in the family court system.

The development and initial validation of the Meaning of the Child is an exploratory study, therefore:

This design is best suited when there is little empirical knowledge about a particular research area (i.e., lack of a theoretical framework, instruments, or variables...). Researchers choose to use an exploratory design when they need to first explore a phenomenon qualitatively

before they can measure or test it.... This design is often used when developing an instrument and is an essential aspect of the overall study ... Exploratory designs begin with a qualitative, in-depth exploration and then build to a secondary quantitative phase that is connected to the initial qualitative results. (Plano Clark et al. 2008, p. 1554)

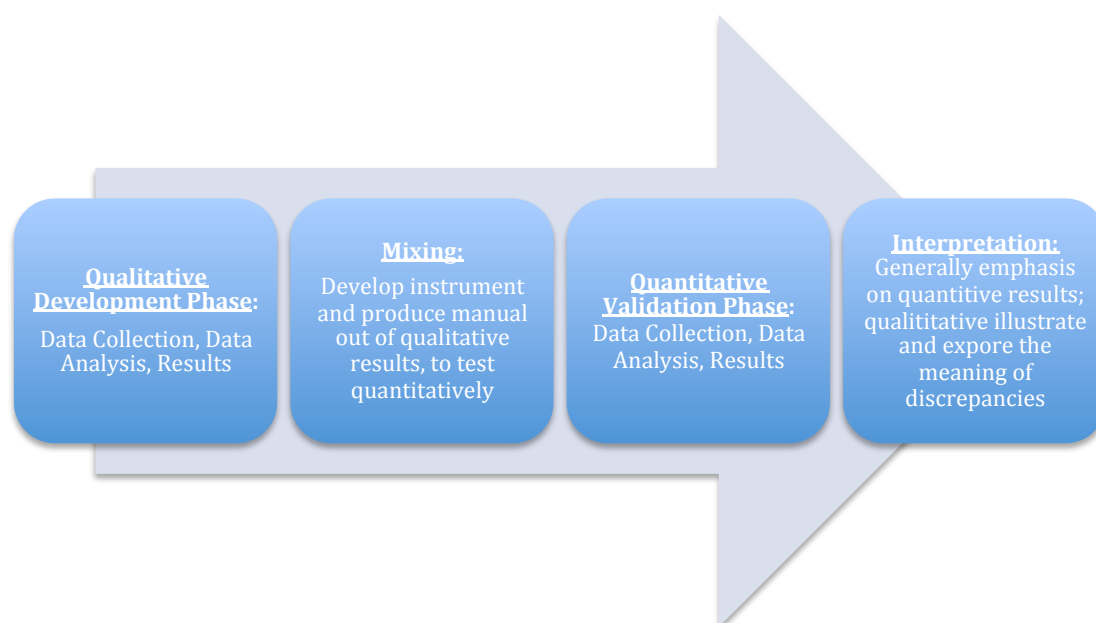
This conception suggests a sequence; a qualitative examination of a sample of interviews in order to sketch the essential issues, which are then put together to form a 'quantitative' measure (via a coding manual), that it is then validated quantitatively. This is indeed the pattern followed in other measures of attachment, albeit without explicit use of the mixed methods research terminology. For example, Solomon et al (1995), recruited 17 families for the development of their Attachment Narrative Stem measure, and George and West (2001) used 9 participants to develop the Adult Attachment Projective procedure to assess adult attachment. The authors do not describe their process of analysis, but they analysed these interviews in an exploratory manner, without an 'a priori' coding method to identify the themes that could form the basis of a coding system. This was then 'tested' in each of these cases with a larger sample, classified blindly using the new coding method, according to traditional quantitative research methods.

The 'Meaning of the Child' coding system was developed by the researcher in 2009/10, and was subsequently used by the assessment and intervention team that the researcher was involved in since that time, in assessment of families and to inform intervention. I have described the process above (page 23), but essentially the method was developed from comparing parenting interviews carried out with parents, with CARE-Index's, Adult Attachment Interviews (further information on the measures used is given below) and

historical knowledge of the family, in the context of the theoretical understanding (see Chapter 9). These interviews have not been used as part of the sample. The Meaning of the Child system has been used with parents, foster carers and prospective adopters, and with children from the ages of 0 – 17, although the validation study has focussed on birth parents with children aged 0-3, for the purpose of getting sufficiently comparable data. This wider and more extensive process however, has allowed for the system to be compared with many different measures and also other information known about particular children and their families, and so aided its development.

Using the exploratory design schematic described by Plano Clark et al. (2008), this process could be portrayed as an exploratory mixed-methods research design as follows:

Figure 4: Research Design of the Project (Adapted from Plano Clark et al. 2008)



It has to be acknowledged that the development phase, although clearly not a 'quantitative' research process, did not follow precisely any of the established 'qualitative' research methodologies (e.g. Berg, 2001). The researcher conducted an inductive and exploratory 'coding' of semi-structured interviews, and in that sense the process should be seen within a 'qualitative' paradigm. The aim was to 'discover' the patterns of speaking about the child and parenting, in interviews of parents known to be Sensitive, Controlling etc. from other information (primarily the CARE-Index, but also the AAI, and other case history information). In addition, the sample used (of parents involved with the researcher's service) in this part of the research process, was clearly not a 'representative sample', except in the sense of representing the context the procedure was designed to be used *for*. However, at the same time the initial study of parents' interviews was guided not by established methods of quantitative research, but rather the interviews were annotated by the researcher according to the 'over-arching theory' of the research, and initial 'hypothesis' from experience, knowledge of Adult Attachment Interview discourse, and other training. In this way, even this early, 'qualitative' phase, by necessity involved 'embedded' assumptions and even methods derived from the quantitative research paradigm. The process of putting together the instrument therefore required a hybrid of research methods, because of its exploratory nature; it is difficult to envisage any other way of doing it. To use a completely pre-defined process is not possible when developing a new process; by the same token it is neither desirable nor possible to produce 'something out of nothing'. The process was guided by both the theory and the research context, which in turn were both modified by what was 'discovered'.

Similarly, once the Meaning of the Child system had been developed, it was continually revised as the researcher continued to classify interviews (that were used for the quantitative validation study, see below). The manual was updated throughout the coding of these interviews, as well as the teaching of the system to new coders, both taking account of new information gained from wider interviews, and also from the researcher's experience of teaching the system to course participants. This raises issues in the coding of the 'at risk' data for 'quantitative' analysis, as the system evolved during the coding of these interviews. There is a dilemma between the need to develop and improve the coding procedure (so that it better reflects the researcher's experience), and the need to keep data 'pure' and completely comparable (so that the quantitative statistical comparison and analysis is valid). The problem echoes the conflict between 'bottom up' qualitative approach to developing theory, and the quantitative 'top down' approach to testing it.

However, to some degree this problem was unavoidable, because the aim of a coding procedure is to systemise and express the method used by reliable and trained coders in coding the interviews. If the understanding and knowledge of those coders develop (as it did for the researcher whilst coding the interviews), then this will inevitably change the way in which interviews are interpreted and classified. It is therefore better to capture and express that development through amendments to the manual, rather than allow a divergence between the procedure described in the manual, and the system, as it is actually used by those who classify interviews according to it. All new measures, regardless of whether they make this choice or not, face the same problem at some point, as they are all being developed and revised all the time. If the measure is simply revised after the validation study, as the Adult Attachment Interview, Strange Situation Procedure, and

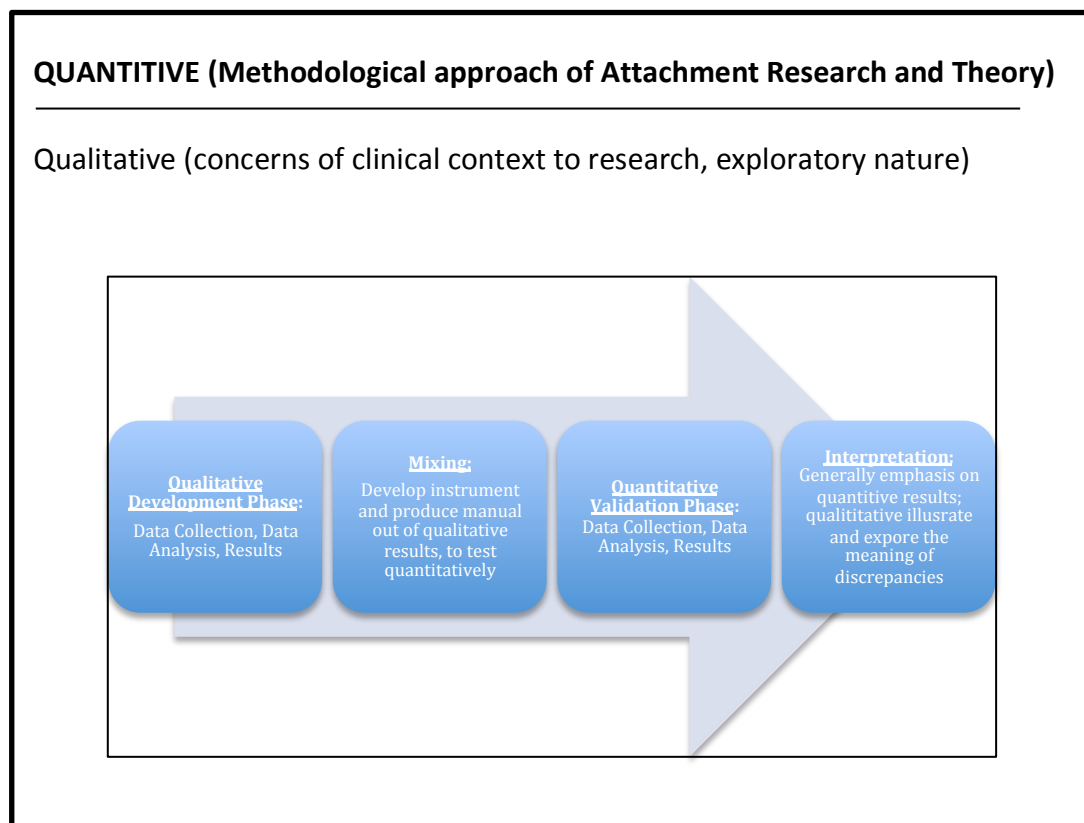
indeed all such measures have been numerous times, then the same question occurs, namely whether the revised measure is actually validated by its validation study carried out prior to its revision.

Generally, such measures are assumed to continue to be valid, so long as on-going use replicates previous findings, and major conceptual or construct changes are not made. For the most part, changes to the manual were made to better explain aspects of the system rather than to change it. In addition, different discourse markers were added to help the identifications of the patterns classified in the Meaning of the Child (see the Coding Manual, Chapter 10). However, the system requires evidence from different memory systems (different kinds of evidence) to come to a classification. The additions and changes to the individual discourse markers represent the fine-tuning of the system to make it easier to discriminate the patterns rather than any major conceptual change. They also attempt to make the written procedure more closely match the process that was actually taking place in classifying an interview. Perhaps the only exceptions to this have been the identification of 'controlling withdrawal' as a pattern (to describe hostile neglect, see Chapter 10) as well as the treatment of role reversal as a phenomenon of both controlling and unresponsive interviews (again see the discussion in the coding manual of these issues in Chapter 10, the implications of which are discussed in the results of the study in Chapter 13). Nevertheless, when the manual was revised as a result of reflecting on particular interview or interviews, the revision was done so that the written process better reflected the way in which the particular interview was interpreted and analysed by the researcher, who coded all the interviews in the study. Therefore, it is unlikely that many (if any) of the final classifications would change (or change in significant ways) as a result of changes to the manual since the

‘at risk’ data began to be collected. What the development of the manual has done is helped better systemise the classification of the Meaning of the Child, such that the procedure can more easily be taught and replicated, than was originally the case.

However, what these considerations indicate, is that the conception of the design as a simple sequential process (qualitative exploration, followed by quantitative validation) is inadequate, partly because the study’s quantitative methodological roots were present and influential at all stages in order to guide the development of a measure for quantitative research, and partly because ‘qualitative’ exploration of individual interviews influenced the continuing development of the instrument through to the completion of the project, highlighting discrepancies between the specific individual interviews and the system’s attempt to ‘reduce’ them to existing discourse markers and constructs (see the Coding Manual, Chapters 9 and 10), and creating paradoxes that led to the redefinition and expansion of the system itself in an integrative process. For this reason, it is conceptually more accurate to describe the sequential process as itself *embedded* within the ‘QUAN + qual’ overall theoretical and methodological framework. Figure 4 could be recast as below, using the schematic of Creswell (2009) for an embedded design:

Figure 5: An Exploratory Research Design in an Embedded QUAN+qual Methodology



The Influence of the Research Methodology upon the Structure of the Thesis

This conception of the research process has also guided its presentation here. In keeping with the predominately quantitative approach to scientific enquiry that is the framework in which attachment theory operates, the theoretical basis for the Meaning of the Child has been established first, in the preceding chapters. This guided what was nevertheless a more qualitative exploration of individual transcripts (although for the reasons already discussed, this was not a traditional ‘qualitative study’), from which it was possible to pull out the themes that became the Meaning of the Child system. This system is presented in the coding manual, which follows this discussion.

The validation of the Meaning of the Child is described in the next section. Again, in keeping with the established methodology in the field, this is a quantitative validation study, and accordingly, methodological considerations of validity, reliability and generalizability are discussed in Chapter 11, which presents the specific methodology of the validation of the Meaning of the Child. However, as has already been noted, even here, the exploratory nature of this study has led to the continuing development of the system, through the researcher's 'qualitatively minded' analysis of each new transcript to identify discrepancies, new themes, and better examples of the Meaning of the Child system, allowing it to be 'fine-tuned'. This reflects a synthesis of a conflict in the methodological approaches that formed the basis of the study, and, it has been argued has produced a more valid instrument than if the system had been left the same, without reflecting the researcher's growth in understanding, built up from the attempt to understand more interviews.

This integrative approach is also reflected in the discussion of the quantitative results, where case examples are used to illustrate both the expected and unexpected results of this analysis, and the strengths and weaknesses of the system. In doing so, the researcher incorporated an 'instrumental case study approach' (Stake 2005), where the choice of case example, and the nature of what is quoted and discussed are driven by the exposition of the theoretical concerns of the study, rather than making the fullest understanding of the particular case the principal goal (as is the case with 'intrinsic' case studies). These examples drive the theory forward by both illustrating and explaining the results, as well as offering possible resolutions of questions thrown up by the quantitative data, creating new hypotheses that could potentially be validated by further quantitative study.

However, it must be noted that these examples do not represent qualitative case example studies in themselves, as the choice of information to present is driven by the issues arising from both the quantitative results, and the researcher's experience of the research process. The clinical context of the interviews in the risk sample meant that each was carried out and analysed first and foremost as an 'intrinsic' clinical case study; the goal being to seek the fullest possible understanding of the specific parent-child relationship, and so guide intervention. The use of the 'results' for quantitative analysis, and their role in the development of the Meaning of the Child, were secondary. Even with the normative sample, which were coded for research purposes alone, part of the process was to learn what, if anything, did the normative (un-endangered) context mean for the Meaning of the Child coding system, which had been developed with interviews from an 'at risk' population. Whilst, as we have seen, and is discussed below in relation to the quantitative validation of the Meaning of the Child, this does create some problems for the study, it also provides a rich source of information that has both shaped the development of the Meaning of the Child as a clinical tool, and contributed to its validity in that it is based upon both a larger scale, cross-cultural and 2-sample quantitative study, *and* founded upon in-depth analysis of the multiple individual cases in which the Meaning of the Child has been used. This analysis includes a far larger 'sample' than the 85 dyads considered by the quantitative validation because of those that are ruled out because they could not be compared statistically (see Chapter 11 below).

Explanatory Note

The following 2 chapters are the full coding manual of the Meaning of the Child. This chapter outlines the theoretical concepts that coders need to understand. The following chapter (Chapter 10) describes and details the process of coding an interview itself.

Although included in this thesis, as it defines the system that is both the product and subject of this research, this coding manual has been written first and foremost as a teaching manual. Its primary audience was (and is) practitioners interested in learning the Meaning of the Child, who may not have a background in attachment theory. The style of writing and presentation of information was shaped by these goals, which are different from those involved in the writing of an academic thesis. By necessity therefore, there is some repetition of material covered more thoroughly in the literature review section below, although this has been kept to a minimum.

References have been standardised and some cosmetic changes have been made so that the manual can be properly integrated into the study as a whole. However, no changes have been made to the text itself of the manual, as the manual itself represents the coding system that has been used for the validation study. Appendices that were merely repeated tables, drawn from the main body of the text for easy reference of practitioners, have been removed.

INTRODUCTION

Some children ... had been at greater risk of harm than others because they carried a particular psychological significance to their caretaker(s). It was as though the children had acquired an undeclared script or blueprint for their life that submerged their personal identity or personal characteristics, and this meaning came to dominate the parent-child relationship... The children became "actors in someone else's play".

(Reder & Duncan 1999 p. 71)

Reder and Duncan's studies of Fatal Child Abuse enquiries highlighted the importance of understanding the meaning of the child to his or her parent, in assessing the potential risk to the child in cases of child protection. Academic researchers and professionals working in this field have produced a considerable amount of work on measures that look at parenting *behaviour* (Lyons-Ruth & Jacobvitz 2008). However, more recently their focus has broadened to include not just what parents *do* but *how they think*. There is now considerable emphasis on the capacity of parents to *think* about themselves and their children. Increasingly, the evidence would suggest that this a more reliable guide to both the assessment of risk and the outcome of treatment and intervention programmes (Fonagy, Steele & Steele 1991, Farnfield 2008).

This manual is an attempt to answer the question: how can the meaning of a child to his or her parent be assessed, in a way that can be compared to the wider population of parents and inform intervention and treatment? The importance therefore goes beyond the field of child protection, to wherever there is any professional involvement with children and their

families. The aim has been to develop a relatively simple system (in the context of attachment interviews) that can be taught to workers involved with assessing and supporting families in a variety of settings, whatever the level of risk or kind of issue being addressed.

HOW IS THE MEANING OF THE CHILD ASSESSED?

Self Report Questionnaire or Interview?

One simple way to assess a parent's perception of their child and their parenting is through a questionnaire. There are a number of questionnaires available to examine a parent's generalised conscious views about parenting, and even their child (e.g. the Parenting Stress Index, Abidin 1997). However, whilst these are useful, they are inadequate for the task in hand. This is because:

Questionnaires assess:

- + *Conscious Memory*: What we are currently aware that we know.
- + *Semantic Memory*: The general conclusions we have drawn from our experience: how we think things "ought" to be.
- + *What we are prepared to admit*: General statements are easier to falsify in the context of assessment, to look better than we are.
- + *What we say when we do not feel particularly pressurised or stressed*.

The Meaning of Child is:

- + *Specific* to the relationship between parent and child.
- + *May have elements we are not conscious of*, or not always aware of (e.g. many aspects of relationships are *procedural* – learned habitual behaviour, or contain feelings that we are only aware of in certain situations, such as times of stress).
- + *May be related more to how things are*, than how we *think* they are or *ought to be*.
- + *May have elements we don't want to admit* but which perhaps could be revealed in a process that is more in-depth.
- + *May have elements that only emerge when we feel threatened or anxious*: In assessing risk in relationships, we want to assess not just what happens when things are going well, but also when they are not. Children most need their parents when distressed or anxious, and so this is when parenting is most tested. Assessing parenting does require an element of stress. (Crittenden 2008, Crittenden & Landini 2011, Hesse 2008)

The Adult Attachment Interview

Among the most promising measures to assess parental thinking about their relationships has been the Adult Attachment Interview (George, Kaplan & Main 1985, Crittenden & Landini 2011). The Adult Attachment Interview (AAI) assesses an adult's state of mind regarding their relationship with their parents (and other important relationships in childhood). It is a 1-2 hour long semi-structured interview (that is, an interview that follows a set structure, but with probes that are followed up according to the interviewee's actual responses in the interview). The AAI has a long history of research and is well validated (Hesse 2008) and when given to a parent has been found to be impressively predictive of their *child's* attachment status. This holds true even when the interview is given in pregnancy and the child's attachment assessed 11 months after birth (Hesse 2008, Fonagy, Steele & Steele 1991). Recent research has linked security in the AAI with positive responses when viewing brain scans of their baby using fMRI scans (Strathearn et al. 2009).

The "Transmission Gap"

Despite the AAI's impressive results, the reason for the link between a parent's state of mind regarding their childhood relationships is still not clear. How is it that an interview primarily about an adults' parents, predict the quality of their relationship with their child? One researcher called this problem the "transmission gap" (Van IJzendoorn 1995).

That the AAI looks not just at the *content* of the interview (information about the past) but the *coherence* of it (how the adult manages the interview in the present) goes a little way in explaining this. However the problem still remains: what is the link between a parents' security, and how they actually parent their child?

Critical to the success of the AAI is that the questions ask for the same information in different ways, across different memory systems (Crittenden & Landini 2011, following Shachter & Tulving 1994, see below for further explanation). For example, the subject is asked to name 5 words or phrases that describe her relationship with her mother, calling for generalised, 'semantic' evaluation; and then to relate a specific episode which illustrates this, calling for actual experience, with chronological events and appropriate affect (feeling) to go with it. Therefore it is quite hard to 'fake good' because this will create more discrepancies between different memory systems, which are not equally susceptible to conscious regulation or manipulation.

The Parent Development Interview (PDI)

The problem identified as the "transmission gap" has led researchers to develop similar interviews to the AAI, which tackle directly the parents' current and historical relationship *with their child*, and their experiences of parenting him or her. Perhaps by looking at parents' representations *of their child and their parenting*, rather than their childhood history, the link between the two can be better identified. Of these, the most well known is the Parent Development Interview (PDI: Aber et al., 1985 - 2003); others include the Working Model of the Child (WMCI: Zeanah, Benoit & Barton, 1986), and Parents' Interview (PI, Crittenden, Partridge, & Claussen 1991, Crittenden 1981a). The interview covers the adult's perceptions of themselves, their child, and their relationship; the parent's affective experience of parenting; their experiences of being parented (what they have learned from their childhood relationships), separation and loss; and their experiences of their child's development. Like the AAI, it seeks information from different memory systems, and is of a similar length. The interview is audio recorded and transcribed and then classified on the

basis of the transcribed interview (i.e. without further information about the parent or their child).

DISTINGUISHING FEATURES OF THIS SYSTEM - WHAT OTHER METHODS ARE THERE FOR ASSESSING “THE MEANING OF THE CHILD” AND WHY USE THIS ONE⁸?

The Reflective Functioning Scale (Slade et al. 2005a)

The current most well known method of analysing the Parent Development Interview is the Reflective Functioning Scale. The original concept of Reflective Functioning, along with a system to classify it, was developed for use with the AAI by Fonagy and his colleagues (see Fonagy 2006). Professor Arietta Slade and her colleagues turned to the concept of Reflective Functioning (see below) and adapted it for use with the Parent Development Interview (Slade et al. 2005a), having found their original system of scoring the interview over-complex and burdensome. As with the AAI version, the parental RF scale using the PDI has been found to correlate with infant attachment (i.e. low RF is associated with insecure infant attachment and parenting difficulties).

⁸ Other research has been conducted of parents using interviews about parenting from an attachment basis, than those discussed here. A useful chronological summary, omitting Crittenden’s Parents Interview is given in George and Solomon (2008), pp. 842-843. See also those listed on Figure 3, page 121 above.

Reflective Functioning:

The human capacity to understand and make sense of behaviour in terms of underlying mental states such as thoughts, intentions, beliefs, feelings and desires.

Parental Reflective Functioning can be seen as the capacity of a parent to give appropriate and credible meaning to their child's experience.

(Fonagy 2006, Slade 2005)

What does the Meaning of the Child learn from the RF scale?

- ✚ Close attention to whether and when a parent ascribes mental states (thoughts, feelings, intentions etc.) to their child and themselves in relation to their child.
- ✚ Bizarre, hostile, and incongruent RF indicating risk to the child from the relationship, and appropriate RF indicating Sensitivity.
- ✚ RF is incorporated into the Episodic Memory markers (recollections of specific episodes, or information drawn from particular incidents with the child, see below).

Where does it differ?

- ✚ The RF scale gives a linear scale relating to the level of RF (from -1: Hostile repudiation of RF, to 9: Extraordinary RF). It does not differentiate between the different kinds of relationships where the parent shows low (or moderate) RF. As such it measures a capacity rather than classifies a relationship.

- ✚ In examining the nature of the connection between a parent and child (or lack of it) this system can make useful distinctions within the categories of at risk and struggling relationships to help understand them better and intervene helpfully.
- ✚ In using the same language and ideas as the CARE-Index (Crittenden 2007, see below), a measure of parent-child dyadic synchrony in observed (video recorded) behaviour, it is hoped that the links between how a parent thinks and what they do can be better understood.

The Caregiving Interview (George and Solomon 1996, 2008)

Carol George and her colleague Judith Solomon's answer to the "transmission gap" was to see "caregiving" as a behavioural system, adapting Bowlby's term (Bowlby 1982), related to, but distinct from attachment. They adapted the PDI to develop their Caregiving Interview, designed to uncover the parent's internal model of caregiving. From these interviews they categorised 4 patterns of caregiving: *Flexible* (which was associated with secure attachment); *Rigid* (sometimes called '*rejecting*', which was associated with avoidant, or Type A attachment); *Uncertain* (which was associated with ambivalent or Type C attachment), and *Helpless* (which was associated with Disorganised, or at-risk attachment). For an explanation of the different patterns of attachment, please refer to the discussion of attachment from page 162 below. The Caregiving Interview and its coding focuses more on the parents' perception of their own caregiving than their perception of the child. However, the research nevertheless is important in the development of this current system.

Caregiving and Attachment as Behavioural Systems (George and Solomon 1996, 2008)

A behavioural system is a group of different behaviours with the same biological goal or function. The behaviours can change with situation and maturation, but the goal remains the same. Behavioural systems are therefore 'goal corrected' as behaviours are adapted when needed to achieve the intended goal.

The attachment system is the behavioural system associated with the protection of the self; the goal of the attachment system is to stay safe and nurtured. All attachment behaviour (whether care-seeking or defensive) is intended to make the individuals world and relationships safer and to elicit nurture from others.

The caregiving system is the system associated with the protection and nurture of young. Its function is to nurture children and keep them safe.

There are other behavioural systems such as exploration, affiliation (peer friendships) and sexuality. These are related in different ways to the attachment and caregiving systems. For example, the exploration system can function properly when the attachment system is not aroused (i.e. when the individual feels safe). When a child or adult does not feel safe they will not be able to play or explore freely.

What does the Meaning of the Child learn from the Caregiving Interview and the research using it?

- ✚ The recognition of “helpless” caregiving (the ‘disabled’ caregiving system), where parents in some way abdicate or excuse themselves from the parental or caregiving role, as indicating risk in parent-child interaction.
- ✚ The observation that some parents in this category idealise their children as beyond the need of parental care (and so do not protect them) whilst others see them as beyond the reach of nurture or undeserving of parental love (and so requiring punishment or control). Put another way, the parents see the children as either too good to need their care, or too bad to merit or benefit from it (and so need to be treated as a threat).

Where does it differ?

- ✚ George and Solomon use the “Disorganised” category of attachment (Main and Solomon 1990) to describe “at risk” attachment; attachment formed where caregivers may be a source of danger as well as protection to the child, and so it is assumed that the child cannot organise a strategy of attachment. This masks the way in which relationships in the disorganised/helpless category may be different from each other. ‘Helpless’ parents of ‘Disorganised’ children may in fact be responding to each other in diverse ways, similar in nature (if not in degree of distortion), to those develop out of more normative attachment patterns. What distinguishes these strategies is not that they have no pattern of attachment or caregiving, but that each has been developed in conditions of danger (Crittenden 2008).

- ✚ This system therefore seeks to make distinctions regarding the nature of relationships within the 'at risk' and other categories in order to understand what is going on, and inform intervention.

- ✚ The heart of the Meaning of the Child is neither the child's strategy of attachment (the child's way of influencing the relationship) nor the parent's pattern (strategy of self protection) but the connection between the two; specifically the way in which they connect in the parent's mind. Although only the parent is directly assessed (interviewed) the concept is dyadic. The result is therefore information that is distinct from attachment assessments (though related) and should yield new understanding.

The Working Model of the Child Interview (WMCI)

Whereas the Caregiving Interview was developed to examine a parent's representation of

Internal Working Model:

The term given by Bowlby (1982) to describe the 'script' or 'model' of relationships. Early experience shapes an internal blueprint for how relationships operate. This blueprint or script then informs and guides attachment behaviour.

The WMCI was developed to assess the specific working model that a caregiver has of his or her child (Benoit et al. 1997).

Or Dispositional Representations?

The concept of Internal Working Models is developed in a different way by Crittenden (2008), who emphasises that working models should not be seen as some kind of static "thing" which is uncovered by an interview. The brain does not store memories, as if there were a library contained within it. Rather, what is 'retained' is the potential neural network, with its probability of firing in response to certain stimuli.

The brain transforms information in the present, in ways that are systematically related to past experiences (what has resulted in, or averted danger in the past). Past memories are newly constructed in the present in order to facilitate the protection of self and offspring. Hence Crittenden uses the word 'Dispositional Representations' to describe how past experiences are re-presented (or reproduced) by the brain in the here and now, in such a way as to 'dispose' the individual to take self protective action.

The relevance for interviews with parents about their children is that the PDI or WMCI do not access a static 'model' of relationships, but display a 'live' processing of information that is relevant to the task of staying safe right now. This is why attention to process and unconscious memory systems is important to understanding and classifying these interviews (see below).

their own caregiving, the WMCI (Zeannah et al. 1986, Benoit et al. 1997) was developed specifically to examine the parent's 'working model' of their own child.

How is this system different from the WMCI?

✚ The WMCI has three principal categories, Balanced, Disengaged and Distorted (Benoit et al. 1997). The Disengaged category is used to describe both hostile (controlling) and unresponsive (distancing or neglecting) relationships. The Distorted category refers to transcripts with major discrepancies. The categories do not relate specifically to either the main attachment patterns or any other measure of parent-child behaviour.

✚ Whilst attachment insecurity is predicted by the non-balanced categories of the WMCI, it is less clear which is predictive of more serious risk.

✚ The Meaning of the Child coding system uses a memory systems perspective, developing the understanding of Crittenden (2008, Crittenden & Landini 2011) to look at how information about the child, and past interactions with the child, is processed in multiple ways in order to re-present information that disposes the parent to act in response to perceived danger to self or child.

The Parents' Interview

The Parents' Interview (PI, Crittenden 1981a) is an interview with both parents about their child, with the child present. It is classified using Parental Reasoning Scale (Crittenden et al. 2003), which examines the nature of the judgements that a parent makes about a child's

behaviour, as well as the discourse analysis developed by Crittenden for use with the Adult Attachment Interview (Crittenden & Landini 2011).

How is this system different from the PI?

- ✚ The parental reasoning scale looks at semantic judgements about the child (answers to the implicit question, why did [child] do that?) It produces a linear scale of reasoning, somewhat akin to the RF scale (see above). This system intends to look beyond conscious reasoning about the child to include consideration of unconscious memory processes (see below).
- ✚ This system focuses on how the parent is connected to their child, rather than how each parent protects him or herself (adult attachment).
- ✚ The PI interviews a couple on how they parent together. Its intention is to draw out discrepancies and difference between the parents and examine how this might impact on the child. This system does not have the same focus on adult relationships.

Summary

The Meaning of the Child in the PDI:

- ✚ Aims to distinguish both the *level* of risk *and* the *nature* of different patterns in the way parents and children are connected.
- ✚ Uses the concepts developed in *the CARE-Index* (Crittenden 2007), one of the best validated measures of parent-child interaction (what parents and children *do* in response to each other). It is therefore an attempt to understand classify the thinking behind a directly observed relationship.
- ✚ Draws upon *the Dynamic Maturational Model of Attachment* (Crittenden 2008). In particular, Crittenden's application of memory systems theory to understanding adult discourse (Crittenden and Landini 2011), as well as her critique of the concept of 'disorganised attachment' as a catch all category, hindering closer examination of the ways in which dangerous relationships may be organised.
- ✚ That said, this system aims to assess the impact of *unresolved trauma and loss* (frightening experiences that an individual can't find a way to feel safe about) on the meaning a parent gives to their child's behaviour and experience.

This coding system for the Meaning of the Child draws upon previous research on interviews with parents about parenting and caregiving from an attachment perspective. However, it seeks to develop this research in important ways. By focussing on how parent and child are connected in the parent's mind, using concepts from a measure which assesses whether and how parent and child are contingent when observed together in free play, the measure is neither an assessment of the adult or the child's self protective strategy (or pattern of attachment). It is a dyadic assessment of the parent-child relationship as it is lived out in the internal experience of the parent. These concepts are developed further in the next section.

Contingency:

Contingency in parent-child interaction refers to the way in which the actions of the child are a response to those of the parent, and the parent's actions a response to what the child does – or whether, by contrast, they are unrelated and independent of each other. Is, for example, the parent responding negatively to what the child is doing and therefore acting in ways that are unpleasant to the child? The CARE-Index classification of parent-child free play interaction examines the actions of both parent and child, each in relation to each other. The 'Meaning of the Child' classification intends to take this one step back, and look at how the parent relates to the actions of the child, in their mind and how this informs their response. Do the child's actions have a predominantly positive/negative meaning, and thus merit a positive/negative response, or is the parents' thinking unrelated to the actions of the actual child in front of them?

The Dynamic Maturational Model of Attachment

The Meaning of the Child is not a procedure designed to classify adult attachment. However, the theory upon which it is based is very much related to attachment theory, especially Crittenden's Dynamic Maturational Model of Attachment (hereafter called DMM, Crittenden 2008). What follows here therefore is a brief overview of DMM theory, together with key concepts that are used in this system, and how the theory relates to other models of attachment. It is a synthesis of the works of Crittenden and colleagues (especially Crittenden 2008, Crittenden & Landini 2011; a full list is given in the Bibliography, see also Appendix 1).

WHAT IS ATTACHMENT?

'Attachment theory is a theory about protection from threat. Attachment behaviour is infants' contribution to enabling caregivers to protect and comfort them...Patterns of attachment are infants' strategies for shaping mother's behaviour.' (Crittenden 2005 p. 1, English version)

Attachment theory describes how human beings protect themselves from danger. It has drawn attention to the way in which, from infancy, human beings develop mental and behavioural strategies of keeping themselves safe – of making those around them more predictable, more protective, and more comforting. Thus conceived it is a developmental theory: as cognitive and physical abilities develop, so the behaviours may be more sophisticated. What stays the same is the central organising concept of staying safe and

nurtured. Whereas most other diagnostic procedures (such as the DSM-V) organise and classify different behaviours and symptoms, attachment theory focuses on *function*; what the *purpose* of the behaviour is, how it is contributing to the individual's overriding goal of staying safe and nurtured.

Looking across culture and history, danger is the prevalent human condition. Even within the unparalleled safety and comfort of modern western societies, when one looks more closely the lives of many are constantly in threat from intra familial violence, crime, racism, poverty as well as tragic loss of loved ones through sickness, accident, or other means. Attachment theory therefore is as relevant to adults as it is to children, but the array of strategies available to an adult is greater. In infancy, self-protective strategies are focussed upon a child's main caregivers. In adulthood their object is more diverse; focussed in most cases primarily upon a sexual partner or spouse, but also in relation to parents (if they are still alive), close friends, and figures in authority. Whilst only certain people attract the label 'manipulative', in fact everyone has a strategy of influencing (or manipulating) others to make their own lives safer and more comfortable. However, if in your experience, people have by and large been reliable and supportive, then you don't need to work so hard to make your relationships more predictable and safe. If on the other hand, relationships have been violent, deceptive, or unpredictable then you will have to work much, much harder to achieve this.

The only information we have is information about the past, whereas the only information we need is information about the future. (Crittenden 2002, p. 72)

Attachment theory is also a theory about the transformation of information. As we develop, we learn to make meaning out of our past experiences in order to protect ourselves in the present against future danger. The brain learns to omit information that does not yield protective outcomes, and highlight or exaggerate what is important to protecting the self. The Dynamic Maturational Model of Attachment identified two distinct kinds of information:

Cognitive Information (Cognition)

- + Information about temporal order of events: what follows what.
- + Typically expressed in 'if/then' or 'when/then' statements: 'if I shout, then Mum tells me off'; 'if I ask Dad for a cuddle, he withdraws'.
- + Leads to attributions of causality. 'I was sent to my bedroom because I stole the biscuits'.
- + Useful in relationships when they are predictable (whether safe or dangerous)
- + In Type A attachment it is used to predict what other people will do, so that the self can accommodate and fit in to the expectations of attachment figures. Its importance is exaggerated as it is what helps those using the strategy feel safe.
- + In Type C attachment it is ignored (because other people are not predictable and their words do not give reliable information about what they will do) or distorted to justify the self, and deceive people about their intentions and motivation.

Affective Information (Affect)

- ✚ Affective arousal refers to changes in body state (feelings) that motivate self protective action:
 - Comfort → continue doing the same thing
 - Desire for comfort → affectionate approach
 - Anger → aggression (fight)
 - Fear → escape (flight)
 - Pain → urgent action (any)
- ✚ Affect is elicited by the environment and by relationships, but experienced internally.
- ✚ It is ignored (or falsified to please others) by those using Type A strategies, because attachment figures respond in predictably harmful ways (i.e. they either punish or withdraw).
- ✚ It is exaggerated strategically by those in Type C patterns in order to make unpredictable carers more predictably attentive and available.

TYPE B (SECURE, BALANCED)

Where cognitive information given by others, in the context of key relationships, has been true and predictable in yielding safety, and affective information derived from the self (feelings of anger, fear and desire for comfort) is responded to positively by those around the child, then relatively little distortion or transformation is needed. This is what is normally seen as secure attachment (Type B, see figure overleaf), and it is the most useful strategy in conditions of predictable safety and comfort.

Type B (secure) strategies, when under threat:

- + Expect protection and comfort from attachment figures generally, but can also accept imperfections.
- + Can still integrate feelings with cognition; information about their own with that relating to other people's perspectives; and information from the external world with that from their own internal experience.
- + Give accurate information about their relationships.
- + Display appropriate affect when relating their experiences.
- + Engage with interviewers cooperatively, often in a lively and personal way (without being ingratiating or being able to state difficulties, or make suggestions).
- + Can repair problems that occur in their relationships and expect to be able to do so.
- + Are generally resilient, but can be thrown off course by dangers they are unprepared for.

TYPE C: COERCIVE (AMBIVALENT)

When cognitive information given by others is misleading (adults are deceiving or unpredictable) then children (and the adults they become) will learn to omit this information. Instead, they will exaggerate (distort) their own emotional displays of anger, fear, and desire for comfort in order to influence the predictability of others. The stereotype is the angry toddler, who upon making the parent angry through his or her temper tantrum (or perpetual fussing or whining), then becomes distressed and excessively vulnerable. Alternating between exaggerated anger (whilst masking vulnerability), and exaggerated vulnerability (whilst masking anger) keeps the attachment figure attentive by locking them into a perpetual struggle. It is a strategy that is coercive of others through exaggerating *and distorting* the individual's own emotional state, because information

about the state or perspective of others is misleading and does not yield protective outcomes. Because of their heightened awareness of self (and the omission of cognitive information about the perspective of others) adults operating in these strategies cannot evaluate the consequences of their own actions upon others and therefore see others always as responsible for *their* actions (they are perpetual victims in their own eyes).

In the more extreme form of Type C, (where the individual has developed amidst serious but unpredictable and deceptive danger) often either the anger side becomes more pronounced, as the adult becomes preoccupied with revenge; or the vulnerable side is more obvious, where they become preoccupied with rescue. It also becomes more deceptive, as the individual learns the social advantage of deceiving others (and themselves) about their hostility so that others do not thwart them by having knowledge of their hostile intent. Similarly, those who 'seductively' draw others into serving their ends can do this more effectively if others do not recognise what is going on. These more extreme 'obsessive' strategies tend to be the ones most noticed by schools, mental health and family support services, because of the tendency towards provocative or risk taking behaviour, and the need to draw others in to their on-going struggle.

The strategy has been labelled *ambivalent* (because of the alternation between exaggerated vulnerable and invulnerable emotional states), *preoccupied* (because of the adult's focus on their own attachment needs), or simply *Type C*. The strategy serves well to make others more predictably attentive to the child or adult, but distorts information by exaggerating the anger or vulnerability of the self and omitting information that might in less deceptive circumstances make help understand the behaviour and motivation of others.

Type C (Coercive or Ambivalent) strategies, when under threat:

- + Don't know what to expect from others (but fear the worst).
- + Exaggerate displays of affect to make others more predictable.
- + Typically alternate between exaggerating fear or desire for comfort on one hand and masking anger (the helpless vulnerable strand), or exaggerating anger and masking vulnerability (the aggressive/vengeful strand).
- + As their feelings are always in response to what others do (e.g. they will be angry about something/someone) they will blame others and exonerate the self.
- + Distrust language and can't understand other people's perspectives because what people (especially attachment figures) say has never been a guide to what they will actually do.
- + May behave deceptively or assume that others will and will therefore tend to manage the information they give to others so as to lead them to their desired conclusions.
- + May take over interviews with their own concerns, mock or confront the interviewer/interview, invite the interviewer to do all the thinking for them by feeding titbits of information that needs to be drawn from them, or involve/seduce an interviewer into sharing their conflicts with attachment figures of powerful people.

TYPE A: (COMPULSIVE AVOIDANT, INHIBITED)

In conditions where danger is pervasive but predictable, children (and the adults they become) learn to rely upon cognitive information to predict and understand the perspective of others. In normative cases, the self is inhibited (as too great a display of neediness or anger might elicit rejection), and the parent or other attachment figure is idealised (to avoid looking too closely at painful experience, which might elicit feelings of anger or desire for comfort and risk further rejection). In more extreme cases the child learns to attend closely to the signals of powerful others to avoid the constant threat of punishment (compulsive compliance), and so 'fit in' around the dangerous adult. Alternatively, the child may put on a falsely happy and bright emotional presentation in order to cover distress and make a withdrawn and predictably unresponsive parent less likely to reject or ignore them (compulsive caregiving). By ministering to the adults' needs the child's strategy serves to prop up the parent and enable them to function protectively.

These children, and the adults they become, learn to omit information about the self (such as feelings of anger and desire for comfort). In more extreme cases the adult or child may falsify a positive emotional presentation that is at odds with the self, whilst attending compulsively to the perspective of others. If your strategy is to avoid bad things happening by fitting in with the expectations of others, you make yourself ultimately responsible for failing to do this successfully, and being punished. Self blame and exoneration of others (taking the perspective of others) is the result. These children, and the adults they become, are at risk of isolation, depression, and bodily symptoms of negative emotions they cannot afford to express in any other way (for example, soiling), compulsive behaviours (as a means of self comforting), and promiscuity and prostitution (where physical intimacy is achieved

without emotional closeness, and sex is used to moderate otherwise very low emotional arousal).

Type A (Avoidant, Compulsive and Inhibited) strategies, when under threat:

- ✚ Expect others to be predictably dangerous or rejecting (but will not voice this).
- ✚ Predict what other people will do and fit in around their predictions. "If Dad comes home drunk, he is violent, so when he is drunk, I will stay out of his way."
- ✚ Feel self-blame and shame when this goes wrong, as they take responsibility for other people's actions ("I got hurt because I did not stay out of his way").
- ✚ Exonerate and excuse the actions of others in harming the self.
- ✚ Inhibit displays of (negative) feelings, such as anger, fear and desire for comfort, as these yield negative outcomes.
- ✚ May put on a falsely bright 'positive' self at odds with their distress and anger (which may be somatised in physical ailments).
- ✚ May explode with uncontrolled anger for which they have no explanation – as they have not learned to regulate or recognise their own distress fear and anger.

This strategy is called avoidant in its normative form (because of the need to avoid displays of neediness or anger) or dismissing (as the individual dismisses their attachment needs), compulsive in the more extreme patterns (on account of the compulsive attention to perspective, actions, or requirements of others in order to prevent punishment or neglect), or Type A. Information about the needs of the self (feelings of desire for comfort, anger or fear) are omitted, whereas information about the perspective of others is internalised,

taken up as if it were the individual's own perspective, to allow them to fit in with or prop up their attachment figure. The strategy functions to make both the attachment figure and the individual less conspicuous in the outside world. The parent appears less angry, rejecting, or neglectful as the compulsive strategy of the child or partner means they do not need to be, as their requirements are anticipated. The child appears to be content or happy, as any distress is masked, and happiness may be falsified, and are often overlooked by professionals, as their strategy functions to make adults feel good about them (or at least not to notice them).

'DISORGANISED' ATTACHMENT AND UNRESOLVED TRAUMA

The term 'Disorganised Attachment' was coined by Main and Solomon (1990) to describe situations where children were simultaneously afraid of dangerous caregivers and needed them for their care and protection. They noticed in reviewing videotapes of infants faced with laboratory separations (the Strange Situation, Ainsworth et al., 1978) that some infants showed signs of wanting to approach their mothers on reunion as well as signs of fear. Their hypothesis was that such children failed to organise a strategy of attachment because their source of protection was also their source of danger. Crittenden (2008) criticized the way in which this has become a 'catch all' category for all attachment where caregivers are dangerous and frightening, as if these children are unable to develop or organise a strategy of making their world safer. Instead, Crittenden uses a developmental understanding to show how Ainsworth's original A, B, C patterns of attachment can develop with increasing maturity (and continuing danger). These are the extreme A and C patterns just described.

However, the DMM does recognise that some children and adults have frightening or traumatic experiences that they have not been able to organise a response to – find a way of feeling safe should similar things happen again. This is termed unresolved trauma or loss. In each case the brain is searching for a solution, but the failure to find one can distort or undermine the individual's strategy (way of feeling and being safe). Either too much information is carried forward, (preoccupying trauma) such that causally unrelated events trigger a fear response in an individual because he or she has made mistaken links between events. Alternatively too little information is carried forward, as the individual attempts to dismiss the significance of the event in question (dismissing trauma). In the latter case the individual is vulnerable in situations that resemble or are related to the traumatic event, because the self has developed no strategy to deal with the anxiety or danger.

Unresolved trauma acts as a kind of 'time bomb' in the individual's relationships, threatening otherwise normal functioning when an event that relates to the original traumatic event (either in reality or in the person's perception) elicits the trauma response. It is particularly problematic to the child or partner of the adult, because the information that would help make sense of the behaviour is invisible and incomprehensible to them, rooted as it is in the originating trauma or loss.

What relevance has unresolved trauma or loss to the meaning a parent gives to their child's experience?

Distorted thinking and feeling relating to unresolved trauma and loss can affect the meaning the parent gives to their child's experience. The child's behaviour for example may unwittingly echo their parent's childhood rejection and abandonment, eliciting an attempt

by the parent to protect herself from her child. Or the parent may overestimate the danger of a toddler's angry tantrums (because for the parent such behaviour would have led to abandonment or serious abuse) and so themselves 'overreact' in their punitive response. Similarly, the parent may see the child as a 'replacement' for a relationship lost, or for the love they never had, and place too great a burden on the child.

The PDI includes questions about the parents' experiences of being parented, which may give clues as to the dangers a parent may have experienced. In classifying the transcript the coder must be alert to affect, reasoning, or distorted mentalising, which does not fit with the context, but may make sense in the light of the dangers the parent has experienced.

Memory Systems

We have seen that information can be cognitive (temporal order, leading to attributions of what caused what) or affective (feelings such as anger, desire for comfort, fear and pain, which directly motivate self protective action). However, very little of the information we process actually comes to our conscious attention in order to resolve problems and make decisions – if we had to attend consciously to everything we are doing at any one moment (were such a thing even possible) it would render us utterly incapable of action. In her memory systems approach for understanding adult discourse in the Adult Attachment Interview (Crittenden & Landini 2011), Crittenden draws on the work of Schacter and Tulving (1994) and colleagues to describe the different pathways by which information is processed by the brain in order to facilitate self-protection. Key points regarding each of the memory systems are outlined below.

Procedural Memory:

1. Procedural Memory is unconscious learned behaviour – such as the learning involved in repeated ‘procedures’ (e.g. riding a bicycle or driving). If we attend too carefully (consciously) to each step, this will reduce the ability to do the task.
2. Behaviour reinforcement techniques access procedural memory. Some behaviour is rewarded and learned, some is punished (and avoidance behaviour is rewarded)
3. Includes learned expression of affect in threatening situations (i.e. some displays of affect are rewarded and other ways of expressing feelings are punished). In this system of classifying the PDI we are looking at what affect a parent expresses towards their child.
4. It also includes learned ways of approaching and relating to strangers (the interviewer). How does the parent use the relationship with the interviewer to talk about and reflect upon their child?
5. Also of relevance are learned patterns of speech (discourse). There are ways of speaking that intensify affect, influencing the actions of others in ways that have consequences that either reward or punish the speaker. Similarly there are ways of speaking which distance the speaker from their feelings about a subject or person, or their own feelings, which may have been rewarded or punished in the past.

Imaged Memory

1. In the first months of life memory is imaged – tied to the senses (images of sight, sound, touch, smell and taste). For example the voice of a baby's mother, or the sensation of being caressed or hit.
2. Even when interviewing adults, strong images (or the absence of them when they might be expected) usually indicate something of importance and are looked at closely.
3. Images tend to convey information about situations where danger or safety is more probable.
4. Secure adults tend to employ lively images within coherent speech.
5. Adults who feel threatened by their children may use negative and arousing images of them.
6. Adults who are unconnected to them use few images of their children at all, or idealised images of a 'fantasy' child.

Connotative Language (Crittenden & Landini 2011)

1. Connotative language is the use of language to influence the affective state of listeners.
2. Artificial language serves to create distance from the child, and to exclude listeners from the speaker's feelings about their child.

3. Evocative language, serves to express a connection to the child, or to influence the way the listener feels about the child.
4. Connotative language is the verbalised expression of imaged memory.

Semantic Memory

1. Semantic Memory can be understood as the conscious verbal understanding of learned procedural memory.
2. It is a process of giving verbal labels to everyday experiences (Farnfield 2009).
3. It can be described as a general understanding of what causes what in relationships.
4. Semantic memory is usually what is elicited by questions like why does..?, what happens when..? – General questions about what ought to happen or what usually happens.
5. It is often expressed in phrases like, 'if... then...', 'when... then....' as it is expressing the *expected* temporal order of events.
6. It can be seen as a set of rules governing behaviour and relationships – what *ought* to happen. Some adults confuse this with what actually does happen.
7. Because it is generalised, some adults use it to avoid thinking and talking about actual, personal (and perhaps painful) experience.
8. Some unresponsive parents will borrow semantic understanding of parenting given to them by professionals – but will not be able to apply it to specific, personal, experience.

9. Some adults cannot understand the contingencies in relationships (what follows what) and so use semantic reasoning to justify their own hostile feelings. Controlling parents will usually believe that the child is to blame for problems in their relationship.

Episodic Memory

1. Episodic Memory describes the ability to consciously construct actual episodes of what happened in the speaker's life.
2. It is closest to the everyday use of the word 'memory'.
3. It puts together both the temporal order of events (what actually happened when) with affect-laden images. It involves integrating information about sequences of events with context (sensory experience)
4. Like the AAI, the PDI often alternates between questions that consciously pull for episodic and semantic memory:
 - What [generally] happens when [child] is upset? [Semantic memory]
 - Can you tell me about a [specific] time last week when [c.] was upset [Episodic memory]?

Reflective Integration

1. Reflective Integration is the live process of integrating information from different memory systems to correct distortions and find new and more helpful meanings.

2. It requires making relevant connections between information from different sources (affect and cognition, one's own perspective and that of others, past and present perspectives).
3. It involves paying attention to discrepancies and thinking what they might mean.
4. It is a slow process, and therefore is neglected when an individual feels threatened and needs to act fast.
5. It can be seen when a speaker listens to their own speech and corrects or thinks about it, in order to generate a more accurate meaning to their experience. It should be distinguished from those who monitor their speech for what might not be acceptable to attachment figures, and so self-correct in favour of less accurate (but more externally acceptable) information.
6. It can be obscured by psychobabble (jargon used to reinforce the speaker's perspective), borrowed professional or parental phrases applied without meaning (deferring to the perspective of someone more powerful), rationalisation (self justifying reasoning), or avoided.

Why use a Memory Systems Perspective in Classifying Interviews?

Understanding memory in terms of the live processing of information in different memory systems, both conscious and unconsciously, helps track how information can be transformed by an individual (omitted, exaggerated, minimised, falsified, or distorted) in order to stay safe and find nurture. This is why interviews such as the AAI and the PDI are

so effective in assessment, because conscious efforts to ‘fake good’ by and large result in greater discrepancies in information when it is looked at across the different memory systems. Thankfully though, human beings are not simply passive recipients of learned processing, but have the ability to reflect upon this information, and the discrepancies as they emerge in the interview, in order to make new, hopefully positive meaning. This process, Reflective Integration, is also examined in the interview, as it may highlight change, or the potential for it.

Is the Child an Attachment Figure? How the Meaning of the Child differs from the AAI

Attachment is sometimes defined as the behavioural system that functions to protect self *and progeny* (Crittenden 2008), as distinguished from the caregiving system (where the former functions to protect the self and the latter to protect the child, George and Solomon 2008). Whether or not they are termed separate systems, the connection between the two is the heart of this project.

An attachment figure is a source of care and protection. The attachment system seeks to influence attachment figures both to make the environment safe, and to help the individual feel safer (regulate emotional arousal). If the attachment figure is at the same time also a source of danger, then an attachment strategy can function to minimise that danger, so that the relationship can function protectively (at least to some degree).

Will a parent who has learned to be *compulsively compliant* with their own parents and powerful people in their lives (a strategy based on finding out what others expect and avoiding punishment by avoiding doing what displeases others) compulsively comply with

their child's wishes and feelings? If that were the case, one would expect perhaps a failure to protect the child (as protective parenting often involves displeasing the child!). However, if the attachment system acts to protect the self *and offspring*, then the child is a self *substitute*. In other words, if the child is *not* an attachment figure, a source of care and protection, then the adult is perhaps more likely to be using the same strategy to protect the child *from others* (threats outside the relationship). The parent using a compulsively compliant strategy may therefore act *punitively*, consciously or unconsciously teaching the child to stay safe by keeping to the rules and avoiding displeasing powerful others. Whilst "you have to be cruel to be kind" may be a rationalising self justification, if the threat from the outside world is deemed (whether accurately or not) to be safe enough, then "teaching" compliance through punitive parenting, may well be (or thought to be) protective for the child.

However, the relationship between parent and child is an intense one, and one in which the parent has incredible power, even if s/he feels powerless in other relationships. Especially for parents who have felt uncared for and unsafe, there is tremendous potential for the child to be seen not as someone to protect, but either as a source of care where love is scarce, or a threat where danger seems ever present.

To my knowledge, this question is not answered in the literature, but it really is stating the problem of the 'transmission gap' in another way. The Main and Goldwyn (ABCD) model assumes a match between infant and child attachment (Spieker & Crittenden 2010, Shah, Fonagy & Strathearn 2010), but because all attachment formed in dangerous environments is categorised disorganised, the very different relationships described above are put in the same category (even if they function in opposite ways). Crittenden by contrast has very

clearly defined attachment patterns as strategies of the adult in question. It therefore remains to be discovered what in fact the child means to the parent – is the parent protecting themselves *from* the child; seeing the child as a *source* of care or protection; or acting to *protect* the child (perhaps however with a distorted perception of the nature and level of danger the child is in). Crittenden (2006, 2008) describes some of these distortions, but does not yet have a system aimed specifically at eliciting them. George and Solomon (2008) pose the same question as the interaction between different behavioural systems (Caregiving, Attachment, Affiliative, Sexual), but here it is argued that the too broad category of Disorganised attachment obscures answers to the most interesting questions.

This is why, despite using an understanding of information processing and discourse from the AAI, this system is not simply trying to classify an adult attachment strategy in an interview about the child. It is trying to uncover what the *connection* is between the parent's need to protect him or herself, and his or her desire to protect the child. Therefore the system of classifying these interviews is not drawn from, or made deliberately to parallel the adult classification of attachment pattern. Rather it is based on the idea of 'connection'. What is the response in the parent's mind to what the child does, or is doing, and indeed is there one? This is why the terminology and thinking behind the CARE-Index assessment of contingency in parent-child behaviour, is the basis for how the Meaning of the Child in the PDI is classified.

A note on Gender

Most of the research on parenting is in fact on mothering. Because of the biological model of caregiving (whereby biological differences may suggest that the caregiving system may

function differently between men and women) most researchers have simplified matters by concentrating on mothers (see George and Solomon 2008). Perhaps because of its roots in the universal human need for self-protection, and perhaps out of practical necessity (the need to develop tools that assess fathers as well as mothers), no distinction is made within this system in coding transcripts of fathers or mothers. Equally, the system is presumed to be applicable to foster carers and adopters with regard to their relationship with their fostered/adopted child.

However, clearly information about gender, and care history (is this parent the main attachment figure to the child?) are relevant on an individual basis to the meaning the child has to this particular parent, and will be important in understanding the application of a particular classification to the relationship and its context. Whether there are any differences in responses from mothers or fathers (in a way that makes a material difference to the coding, or process of coding), birth parents or substitute parents, is an empirical question, and it may be that the system will need developing in line with the evidence as it emerges.

The CARE-Index

The CARE index (Crittenden 2007) is used to assess an interaction between a caregiver and his or her infant or toddler aged 0 – 6 years old. The measure is used to understand the relational and interactional style between caregiver and child under non-threatening conditions. The CARE-Index is a way of assessing the development of relationship roles by observing a short session of play. Although the infant version does not directly assess patterns of attachment, which can only be said to have developed after the first 6-9 months of life, it does assess patterns of relating that are associated with attachment.

CARE Index Patterns of Caregiving

- ✚ **‘Sensitive’** caregiving is any pattern of behaviour that pleases the infant: increasing the infant’s comfort and reducing distress. Sensitive carers are therefore positively responsive (contingent) to their child.
- ✚ **‘Controlling’** pattern describes carers who are responsive to the child, but in a hostile or interfering way, even if this is often subtle or hidden. Parent and child are negatively connected – each does things that are experienced as unpleasant by the other.
- ✚ **‘Unresponsive’** carers in contrast do not pick up on the child’s cues or attend to them – even if they are active within the interaction, what they do is not related in a contingent way to their child’s behaviour or communications.

The assessment procedure consists of 3-5 minutes of adult/infant play. Videotaping can be done in the parents’ home, in a clinic setting or in research laboratories. The videotaping is best begun just as the dyad (caregiver and child) are settling themselves, (time is not a crucial factor). Video recordings do not need to be a precise length, although they should

not be less than 2 minutes long, or exceed the natural length of interactions for the age of the child.

The CARE Index screening tool acts like a social microscope in the way in which it examines the relationship between a parent and their child. In particular, the ability to examine a short video in depth allows the *contingency* between parent and child to become clear. What does each do in response to the other? The measure is therefore *dyadic* – although parental sensitivity and child cooperation is classified separately, they only have meaning in relation to the other. The dyadic nature of the assessment is what sets it apart from other measures of parental sensitivity, and also why it is critical to the current project. Whilst the ‘meaning of the child to the parent’ is a construct telling us something about the parent’s *thinking* (just as sensitive caregiving tells us something about the parent’s *behaviour*), it is a response to the child – a different child may have a different meaning to the parent. What is being assessed ultimately is the *relationship*; how the parent and child connect. Whilst the CARE-Index observes behaviour that can be “seen” on a videotape, in reality, as coding decisions require an assessment of the function (purpose) of behaviour in both adult and child, it is in fact requiring some assessment of *the mind* ‘behind’ the behaviour that is seen. This is why it fits so well with the Meaning of the Child, which examines the parent’s thinking, via the manner in which they talk about the child (as opposed to behave towards the child in unstructured free play).





The behaviour of parent and child is micro-analysed across 7 dimensions as in the box below:

- + **Facial Expression**
- + **Vocal Expression**
- + **Position and Body Contact**
- + **Expression of Affection**
- + **Turn-taking Contingencies** (what the parent and child do in response to each other, the way in which each contributes to the interaction).
- + **Control** (who is 'in charge' of the interaction)
- + **Choice of Activity** (whether it is developmentally appropriate and enjoyable to the child)

What is important is that each is scored in relation to the other. How for example is the mother's facial expression related to what the child does and vice versa?

The CARE-Index also differs from other assessments of parental sensitivity in that negative parenting is discriminated by *two* different patterns (controlling or unresponsive care – see below), rather than a linear scale differentiating sensitivity from insensitivity. All three patterns (sensitive, controlling and unresponsive) can be combined in different ways, and the coder is encouraged to consider how this might function in the relationship. In the infant version, the child's behaviour is categorised as cooperative, difficult (oppositional to the parent), compulsive (accommodating to the parent's unpleasant behaviour), and passive (unconnected). The toddler (preschool) version classifies the child's behaviour as cooperative, compulsive, threatening, and disarming (the beginning of type C coercive attachment); in other words, the child's behaviour is being seen in terms of attachment strategy.

After analysing and scoring the film on all dimensions for both the parent and the infant the CARE index is able to give an overall assessment of their relationship. Depending on the overall level of sensitivity in the caregiving the results are placed in one of the following categories:

-  **Sensitive**
-  **Adequate**
-  **Inept or Intervention range**
-  **High risk range**

A score within the sensitive/adequate range would demonstrate a secure or “good enough” attachment relationship. This would indicate that the child has the necessary resilience to cope with adverse life events later in life, and that the relationship is supportive of his or her development. This resilience would also enable the baby or toddler to form attachments to future carers or adopters, even if it does become necessary to separate the infant from its parents i.e. if the parent/s are unable to sustain improvements when they are returned to the community, or unable to separate from a partner who is a recognised risk to the infant or other members of the family.

If a relationship is placed within the inept or intervention range, this would indicate a potential attachment difficulty or problematic relationship, which could adversely affect the child’s development or result in future conflict between the parent and child. This category places problematic relationships where the issues are by and large open for all to see – an

‘honest but struggling’ relationship. Because the parent has neither given up on their parenting role, nor is unaware of the difficulties, the relationship is likely to be more amenable to change. The absence of major distortion suggests that low-key interventions, such as Video feedback work (see Svanberg 2009) or Video Interaction Guidance (Benoit et al. 2001, Kennedy & Sked 2008) might be effective.

A score within the high-risk range would indicate significant dangers inherent in the parent child relationship, and would suggest a potential risk of breakdown in the parental provision of adequate care for the child. The family is likely to require intensive treatment in order to prevent future harm to the child’s behavioural, social and emotional development. Because both parent and child are engaged in strategies that hide problems and distort meaning, intervention is likely to have to be psychological and personal. A score in the high-risk range does not of itself suggest that a child should be separated from his or her parent(s) but does raise significant concern, which needs to be examined by assessing the wider family situation.

SUMMARY

As has already been observed, the aim of the current system is to highlight patterns of parental *thinking* that underlies sensitive, controlling and unresponsive caregiving and, like the CARE-Index to distinguish also which of these relationships are at risk, which are most open to intervention, and which are functioning well or well enough.

It is presumed, following Crittenden (2008, Crittenden & Landini 2011) that the parent is not drawing from one static ‘working model of the child’ but rather processing information about the child, in order to stay safe personally, keep the child safe, and teach the child to

protect himself or herself. It is not assumed that only one of these processes is going on, but rather the purpose of examining the parenting interview using the Meaning of the Child is to see how these operate both consciously and unconsciously across different memory systems. The conflict and discrepancies between the parent's attempt to protect him or herself, to protect the child, and to assess the threat to both parent and child is what is being examined and classified within the interview.

CHAPTER 10: THE CODING MANUAL – PART 2 (CODING PROCEDURE)

OVERVIEW

In a parenting interview (for example, the PDI) a parent is invited to speak in depth about their child, and their experiences of parenting him or her. Children learn about their own self through the eyes of their parents. In the responses of their parent(s) an infant learns that their behaviour has meaning. What meaning therefore a parent attributes to their child's behaviour is of critical importance.

If a parent is able to see the need behind the behaviour, and respond appropriately to comfort the child or otherwise resolve the problem, a baby will gradually learn that their behaviour has a positive effect on their parent's behaviour towards them. The infant then begins to regulate his or own behaviour and expression of feelings in order to influence the behaviour of his carer. Through their parents' predictable (enough) responsiveness, the infant learns 'who they are'. This is what we call '**sensitive**' care. The child is very much alive in the mind of the parent and the parent is able to give appropriate meaning to the child's signals, leading to the ability to respond to the child in positive ways. This in turn teaches the infant that her behaviour has meaning. Over time this parental responsiveness helps the child to refine and develop his own communication in order to ensure that his needs are met. This is the basis of a developing sense of self.

If a parent does not see any meaning in their child's behaviour they will act towards the child in ways that are not contingent to the child – i.e. what the parent does will bear no relation to what the child is doing. The infant therefore cannot learn that his or her own actions have meaning, because s/he has no effect upon her parent. The result is passivity –

or self-comforting behaviour – as what the child does do has no discernable consequences upon his or her care and nurture. He is left either with nothing to do, or learns to “drive his own train”. This parenting pattern is what we call **unresponsive** care – lacking a meaning in the parents mind that is connected with who and what they are, the infant cannot attribute purpose or meaning to their own behaviour (even in the most rudimentary of ways). Lacking an effect upon others, they are ‘invisible’ to themselves – unable to develop a coherent or complete sense of self.

If the baby’s signals have a negative effect upon the parent, and so result in a punitive or rejecting response, the child will learn that their behaviour has meaning, but it will be a negative one. If the consequences of self-expression are predictably negative, then the infant will learn to inhibit signals of need. This kind of care is labelled **controlling** as the parent acts predictably to negatively reinforce the child’s signals of need. As with sensitive parents, the parents ‘responsiveness’ gives a mirror for the child to learn who they are, but that meaning is negative, like a fairground distorted mirror.

Of course these scenarios represent the extremes, most parents, loving their child as best they can, behave sensitively at least some of the time. Similarly even when not sensitive, they might not always be controlling (for example, hostile parents, may sometimes be ‘distracted’ from their conflict with the child by conflict with others, perhaps a partner or their own parent, and simply ignore the child). Therefore, it is possible to represent the gradient of sensitive, unresponsive, and controlling care as a position on the following grid:

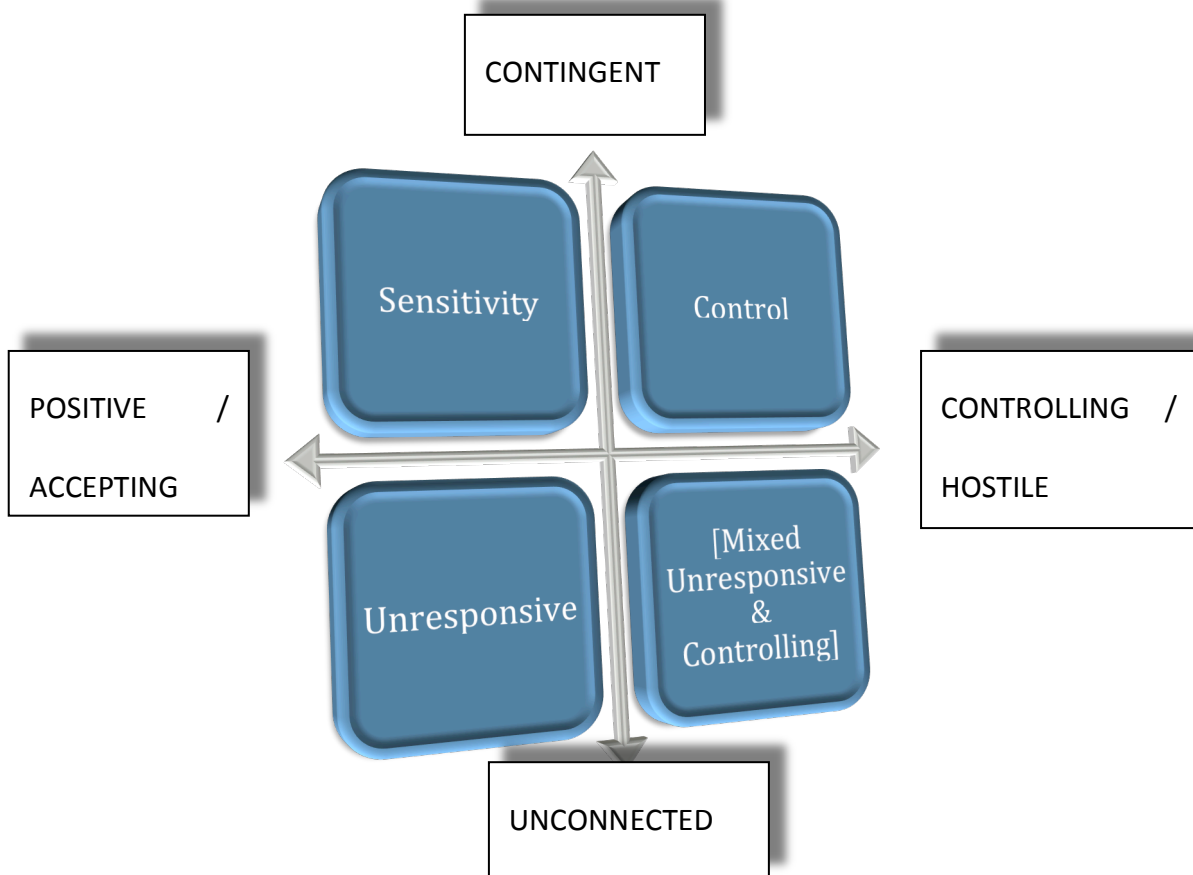
Figure 6: Relationship between Risk/Sensitivity and other Caregiving Patterns

Sensitivity (↑)	Unresponsive (↓)	Unresponsive/Controlling (↓)	Controlling (↓)
Sensitive	Minimal	Minimal	Minimal
Adequate	Some	Some	Some
Intervention	Significant	Significant	Significant
High Risk	Pervasive	Pervasive	Pervasive

Put another way, the meaning of the child is classified along 2 dimensions (see figure below) the extent to which the interview is controlling (hostile) towards the child (i.e. whether the child has a negative meaning to the parent), and the extent to which there is a connection with the child (whether positive or negative).

In extreme cases, controlling parenting is associated with physical and emotional abuse; and in some cases neglect, by actively withholding care from the child (which is termed hostile withdrawal within this system). Unresponsive care, in its extreme leads to physical and/or emotional neglect of the child. In less extreme situations, both are likely to lead either to conflict ridden struggling relationships, or inhibited and slightly independent children, depending on which strategy (of the child) functions to bring out any sensitivity in the parent.

Figure 7: Understanding the Meaning of the Child Patterns



For this reason, the interview is examined for all three patterns (sensitivity, unresponsiveness and control), but the Sensitivity dimension is in effect also determining the level of risk (see table above). Interviews are classified first upon the Sensitivity – Risk dimension (thus classifying the interview Sensitive, Adequate, Intervention, and High Risk). Then, where the interview is not classified as Sensitive, it receives a further sub-classification of Unresponsive, Controlling, or mixed Unresponsive and Controlling. The seriousness of the ‘negative’ pattern is determined by the Sensitivity-Risk classification. For example, if the Sensitivity is Adequate, the relationship is doing fine, the sub-classification of Unresponsive or Controlling only indicates ‘room for improvement’ (in an ideal world).

However, when the relationship is High Risk, then Unresponsiveness or hostility pervades the relationship and is a serious problem.

OVERVIEW OF THE BASIC PATTERNS

A Note on Patterns

It must be said at the outset that patterns are simplifications – they claim to describe something that is mainly there, rather than something that is universally or always present. Or more properly, a pattern is an interpretation rather than a ‘thing’, an attempt to understand and make sense of the available evidence, rather than the ‘whole truth’ about a person. In reality, most parents will slip into one or both of the ‘negative’ patterns at some time, to some extent. In order to make useful comparisons, and produce a tool that has validity beyond the subjective judgements of an individual observer, it is necessary to simplify. However, when coding it is important that the coder is alert to exceptions and discrepancies: these may indicate that the original hypothesis is wrong. But even if they do not, they indicate the possibility of change, the exception that may one day become the rule. Similarly, when feeding back or reporting on an interview, it is important that a coder talks about themes or tendencies in the interview, rather than label parents in the manner that a coding manual is apt to do, in order to explain the system. The term ‘controlling parent’ for example, in this manual means, a parent whose interview transcript shows a level of anger towards the child, which may be associated with a tendency towards intrusive caregiving. It does *not* mean that the parent does not love the child, care about the child, or is incapable of behaving in a sensitive way towards their child.

Sensitive Caregiving

Sensitive parents are able to use the parenting interview to explore openly and honestly their relationship with their child. The overall tone of such interviews is likely to be affectionate and positive, but the parent is also open to discussing and thinking about frustrations and problems. These interviews are personal and lively – they contain incidents, and images that are personal to the relationship, and couldn't be borrowed from TV, social clichés or professional prescriptions of how things 'ought' to be. The parent is able to convey their knowledge of the child. Their account of the child and their own parenting is credible, and the expression of affect is appropriate to what is being discussed. Such parents are able to talk of their own thinking, feeling and believing (mental states) in a developed and balanced way, and one that is appropriate to the age and development of their child. The effect is to leave the reader with the feeling that she almost knows the child herself, having listened to the parent's descriptions. Certainly the listener/coder concludes that this relationship is known about in a personal and individual way – one that distinguishes it from others.

Semi-structured interviews like the PDI contain some unusual and surprising questions and the 'sensitive' parent uses them to think in a fresh way – perhaps correcting or clarifying things said previously. In other words such parents use the interview and the interviewer cooperatively, to engage in thinking about their child, and to share their pleasure in the relationship.

Controlling Caregiving

Controlling parents are connected to their child but experience him or her negatively. Thus their parenting tends to be focussed on minimising the behaviour in the child that displeases them, rather than pleasing the child (hence the label of controlling). The general theme of the interview is that the child presents a problem, or difficulty for the parent, and the child is to blame for the negative experiences of the parent (and themselves). Sometimes (and this is especially the case for parents who are being assessed as part of Care proceedings) some positive semantic (generalised) conclusions about the child or the parent's relationship with the child are given, and even apparent self-blame. However, these are undermined or made vacuous by negative images of the child (or the child's feelings) and by relating episodes that emphasise the difficulties involved in parenting this child, thereby exonerating the parent.

Sometimes, these episodes and images have a delusional quality (contain aspects that could not possibly be real) and probably relate to *the parent's* past experiences of trauma and loss, rather than their current relationship with the child. The child has come to represent a threat to the parent (for example they may feel rejected by the child, or victimised by his or her tantrums), and so the parent is in some way protecting herself from the child, to some degree at least. The language used about the child and their relationship is often powerfully evocative – that is, evoking negative feelings about the child in the listener, and so engendering sympathy towards the parent. Often there is a subtle undercurrent of hostility, expressed in humour that trivialises the child or his or her needs, belittles them, or exaggerates their anger and aggression. In extreme cases the hostility may be overt in actively derogatory statements and language, although this is rare. What is more commonly

seen, are descriptions of the child's mentalising (thinking, feeling, believing etc.) that make the child out to be more hostile or rejecting than is either likely or developmentally credible. The interview justifies aggressive thinking, feeling and sometimes even actions towards the child (and exonerates the parent's negative behaviour towards the child).

Controlling parents often treat the interviewer as if seeking an ally against the child; they are coercive of the listener rather than expressing or describing experience in a balanced manner that might allow the listener to make up his or her own mind. Sometimes the interview is used to bolster their sense of 'prowess' as a parent. Alternatively, they may be openly hostile or mocking towards the interviewer or interview itself, as if the idea of talking about their child is not a task they should be expected to engage in. In most cases the thinking about the child functions to justify and facilitate intrusive or aggressive parenting (the kind of parenting that would be classified as controlling in the CARE-Index).

In less serious cases, controlling thinking serves to highlight and draw attention to problems in the relationship, and to elicit support for the parent in resolving them. Ultimately, the parent still recognises their parental role and is searching for a solution. Also, keeping the problem alive may function to keep others involved in supporting the parent, and enable the parent to feel better about their role despite the difficulties. In more extreme cases, the child is implicitly presented as so difficult that normal expectations of parental nurture and protection do not apply.

However, in a few cases, hostility towards the child functions to exonerate withdrawal from the child, abdicating the parenting role (because the child is perceived as impossible to help or care for in some way). This category (labelled *hostile withdrawal*) is classified as

controlling in the Meaning of the Child because the child has a negative meaning to the parent. However, an unresponsive CARE Index is expected because the meaning facilitates passive parenting (withdrawal from the child) and so the parent may appear unconnected to the child when observed in a short free play interaction.

So far only a few of these interviews have been identified, and further research is needed to understand the developmental outworking of this pattern of thinking about the child. For example, might the hostility demonstrated in the Meaning of the Child become more visible either if longer periods of interaction were observed, or as the child becomes older and more independent / challenging?

Unresponsive Caregiving

Unresponsive caregivers lack the ability to genuinely read or understand their child's experience. In some cases this is due to preoccupation with other issues more real or more threatening to them. In the most extreme cases it is likely to be because the child's negative experience is either too frightening for them, or it is opaque, because they have never learned the meaning of these feelings in themselves. Unresponsive parents generally express positive feelings about their child, but unlike the interviews classified as sensitive, these statements appear vacuous or empty because the parent is unable to describe any experience that might give them meaning. At present, it is thought that the absence of images, descriptions of mentalising, and personal lively discourse is associated with Unresponsive *passive* parents in the CARE-Index (classified Ub). Such parents struggle to give meaning to the child's signals and behaviour, so they are unable to represent it in an interview in a meaningful way.

Parents classified as unresponsive *active* (parents who are actively doing something in the relationship, but what they do appears unconnected to the child in front of them) are more likely to describe a fantasy child and a fantasised relationship. Often the child is idolised – placed on a pedestal to be admired, rather than parented. Such children are presented as ‘more than’ children, which by extension means that they require something ‘less than’ parenting from their caregiver. Therefore the parent speaks as if they are something of a spectator rather than the person with the primary responsibility for the relationship. Episodes and semantic generalisations may have a role-reversed quality (strongly emphasising the parent’s need of the child) which explicitly or implicitly place the burden upon the child of nurturing or even protecting the parent. Lacking a genuine connection to the child, in extreme cases this is imagined; almost magical communication is described, or the child is attributed with mentalising that he or she is developmentally incapable of. In some cases, particularly in parents who have had significant professional input that they have been incapable of integrating, reflection upon their parenting and the child is borrowed; presented in general terms either inappropriately, or without being given meaning by any personal content or experience. It is as if they are enduring the requirements of the interview by reading a script (which might apply to many relationships, or is thought to be what *should* be true of most relationships), but in reality says little or nothing about their particular relationship with their child. The listener is left with little knowledge of the child being talked about, either because the content of the interview lacks meaning, or the relationship and child are clearly a fantasy; a substitute for the real child in front of them. Unresponsive parents are rarely hostile to the interview or interviewer; indeed they may be deferential, implying that the interviewer is the one who knows most about the child, or their relationship. Whilst deferring to the interviewer and appearing to

draw on their superior knowledge, it is clear that these parents do not use the interview to actively engage in reflection upon the child.

In the more serious cases, feeling the child's anger and distress, and facing up to this reality may be too threatening for the parent. It may be that the parent needs to see the child as able to protect and comfort them, in order to feel safe. The child may be the one person who has not (and cannot), abandon them.

In less threatened relationships, this pattern of parenting may simply enable the parent to ignore the child's less critical needs, through a mildly idealised account of their experiences (which functions to minimise attention to the child's need for comfort and reassurance when not seriously threatened), whilst understanding and responding to more serious threats to the child's safety.

SENSITIVITY / RISK SCALE

The level of sensitivity in the relationship not only is an identified pattern in itself, but also determines the level of risk in the relationship. Where the level of unresponsiveness and control is high (and the interview shows little or no resemblance to the descriptions of a sensitive interview above) the question is the extent to which this is problem for the relationship, and the extent to which the parent is open to the problems and amenable to intervention. In broad-brush terms these distinctions can be seen as follows:

Figure 8: Global Sensitivity Risk Table

Sensitive	Balanced and personal account, clear evidence of joy in the relationship, no unresolved problems. Accurate and in depth portrayal of child and relationship.
Adequate	Some personal knowledge of the child, but also moments of vagueness or frustration. No unresolved problems, but lacking in joy or pleasure in the relationship. May also include relationships where there are clear sensitive markers (including genuine pleasure and knowledge of the child) co-existing with some ongoing difficulties, (perhaps related in part to factors outside the relationship, such as disability or previous care history)
Intervention	Clear unresolved problems, but parent is aware and seeking solution. Clear gaps in understanding the child and their perspective, but also times when difficulties and impact on child are recognised.
High Risk	Clear and pervasive unresolved problems. Parent is unaware or blaming of child and either exonerates, justifies or denies/hides difficulties. Serious distortions regarding the child, relationship, and perceived threats put at risk the parents' ability to provide effective nurture and protection to this child.

It is fair to say that this system has been developed primarily using the interviews of parents where there are, or are thought to be problems. Therefore, it may be that further development is needed to distinguish between sensitive and adequate relationships.

THE PROCESS OF CLASSIFYING AN INTERVIEW

What is coding?

In essence the Meaning of the Child classification is a very simple idea. Parents' interviews about their child and their experience of parenting their child are judged for the extent to which they are hostile to the child, or unconnected to him or her. More positively, they are also examined for the extent to which the parent knows the child, and whether the relationship is pleasurable for them both.

However, once professionals start to make these judgements a number of things become clear. Firstly, they do not always agree with each other. Secondly, and more importantly, they do not always use the same language to mean the same things, and when they do, they are often looking for different things in order to make their judgements. Therefore it becomes very difficult to compare the views of one professional with another, as it is not always easy to know how and where they are talking about the same thing, and what process each has taken to come to their conclusions.

For these reasons coding systems are developed so that professional judgements and observations can both be made more consistent, and can be truly comparable, so that where judgements differ they can be debated in a manner capable of resolution. A coding system attempts to define the theory and concepts used, and outline the process by which

judgements are made; this is what this manual is attempting to do. Once the 'coding' or 'classification' process is defined in this way, it can be used firstly to resolve differences of opinion between professionals trained in the system, (by defining the 'rules' by which such decisions are arrived at), and secondly it can be validated, by testing how the conclusions derived from it matches information from other sources from the outside world (i.e. other already validated measures such as the CARE-Index or AAI, or other data about the families being interviewed, such as child protection records or case histories). This manual describes the process and theory for coding parenting interviews for the 'meaning of the child'; however on its own it is not enough, training and practice is needed for professionals to learn the system; and then the taking of a reliability test, to ensure a standard process and sufficient consistency in judgements being made.

Stage 1: Reading and Annotation

The judgements as to pattern of care (unresponsive, sensitive or controlling) and level of risk are made by closely examining the interview transcript: looking for, and assessing, the evidence across the different memory systems. The interview is read, and then annotated using the codes set out below from page 217. The discourse categories, described across the different memory systems are simply a way of analysing the evidence for this judgement. By systemising the process, some consistency can be obtained, so that coders can agree, and the whole system can be shown to yield valid and useful information.

Stage 2: Global and Functional Consideration

A decision on the category and level of risk/sensitivity is made first by considering the interview globally, as a whole, using the general descriptions given above (including the

Global Sensitivity / Risk table on page 200). It is important before looking at the fine details of coding to look at the relationship as a whole, asking how the relationship functions for this parent. The coder needs to ask, what does this child mean to this parent? If the parent's perception of the child appears distorted, how does that distortion function for the parent? In order to assist in this process, coders need to compare this interview with other interviews in their mind, particular examples given in training that can serve as mental 'exemplars' for the different patterns. How is this interview similar and how different to other interviews that are known to the coder?

Stage 3: Memory System by Memory System Classification

The coding sheet, (on page 323 below) is used to sort out the evidence by memory system and by pattern. The categories, coding sheet, and the Coding Sensitivity / Risk table below, outline the 'rules' regarding how classifications are decided upon, but ultimately, this is not a system that is about counting numbers or 'scoring' in that sense. Coders will quickly become aware that the interview markers and categories, perhaps distinct in theory, overlap in practice (as the examples show). The point is not to create a debate as to precisely which 'box' is underlined, if the function (purpose) of the issue identified is clear. One seriously distorted example may count for more in determining risk than numerous slight misconceptions. That said, what is being sought is *patterns*; repeated themes. Unless extreme, isolated examples rarely qualify, as many of these categories appear in 'normal' conversations of parents, and do not in themselves indicate unresolved difficulties. In such situations the coder may consider that the example may have another function in the context than the one implied by the coding category (outlined below). However, especially in the interviews of parents with major difficulties, the coder will find that categories and

markers cluster around certain themes, and these are what this system is designed to identify and understand.

CODING PATTERN AND RISK TABLE

The following 2 tables set out the process by which a completed coding sheet (see page 325 below) can be used to come to a decision about overall risk and pattern. As has just been said however, the ultimate decision is more than counting markers, but involves a wider decision about what is going on in the relationship between parent and child (see also the section below on asking questions of the text).

Figure 9: Deciding on a Main Pattern

Controlling & Unresponsive (and Mixed Controlling / Unresponsive) Patterns	Clear Evidence across at least 3 Memory Systems
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Figure 10: Sensitivity Risk Table

Sensitive	Clear Sensitive markers in at least 3 memory systems. Few negative markers, and these contextualised and explained credibly by parent.
Adequate	Some sensitive markers, but pleasure in the relationship is either vague or absent. Some negative markers, but no suggestion of significant problems in the relationship.
Intervention	Clear negative pattern (controlling or unresponsive) across at least 3 memory systems. No, or very limited, evidence of any high-risk signifiers (see below). Parent shows some awareness of the problem and takes some responsibility.
High Risk All the high-risk categories suggest a pervasive failure to take the child's perspective, either seeing the child in a hostile and very negative way, or failing to connect with the child.	Clear evidence of any of the following: <ul style="list-style-type: none"> ✚ Pervasive (unrelenting) hostility or unresponsiveness ✚ Imaginary, distorted, or delusionary mentalising (especially in relation to child or child substitute) ✚ Pleasure in child's distress (distorted positive affect) ✚ Delusional images of anger/fear/danger relating to child ✚ Bizarre/imagined images ✚ Derogatory speaking in relation to child ✚ Exoneration of harmful/abusive caregiving ✚ Self glorification that distorts the parents understanding of themselves and their child

	<ul style="list-style-type: none"> ✚ Role reversed relationship (which parent seems unaware of) ✚ Triangulated relationships ✚ Helplessness (abdication of caregiving responsibility for the child) ✚ Spectator to relationship with the child – borrows language from professionals and interviewer without any integration
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Stage 4: Making Sense of the Evidence: Asking Questions of the Text

The purpose of looking for information from different memory systems is not simply to allow for detailed analysis of the text of the interview – it is to highlight the discrepancies that become clear when both conscious and unconscious mental processes are examined. As important as the individual markers, is looking at the *function* of any distortion of thinking about the child or the parenting role that is identified. What part does this distortion play in the relationship between the parent and child? For this reason, a way of examining and making sense of the information from different memory systems may be described as asking the questions of the text. It is the discourse markers that give evidence in answer to these questions, but the questions provide a lens for understanding what the markers *mean* in the parent's relationship with their child. The kinds of questions that need to be asked and answered can be intuitively grouped in the categories outlined below, which should assist the coder in pulling together the information gathered from annotating and analysing the interview, and coming to a conclusion. They can also be used for presenting the evidence of the interview to others, for example in a report (in fact they were derived from thinking about the process of report writing on interviews with parents).

Consider how the parent interacted with the interviewer, and the extent to which they were able to creatively engage with the process of reflecting about their child and relationship with their child. Here the coder is not so much looking for textual examples, as the issue is more something that is reflective of the whole interview. However, in some cases, particular bits of paranoid thinking, or hostility may make what is going on especially visible. The table below gives examples of the alternative patterns of relating to the interviewer that commonly emerge:

Figure 11: Different Patterns of Relationship with the Interviewer

Sensitive	Controlling	Unresponsive
<ul style="list-style-type: none">•Willing to answer all the questions and evidence of giving them fresh thought•Genuine exploration of the parent's relationship with their child•Awareness of interviewer's perspective, but not slavish attention to it	<ul style="list-style-type: none">•Hostile•Self justifying/Grandiose - seeking to be in a 'one up' position in relation towards the interviewer•Exaggerated helplessness - making the interviewer do all the work•Stonewalling; minimal answers with expressions of hostility (or fuller answers when on own agenda).•Suspicious or paranoid. Hyper-vigilant and assumes nengative intent	<ul style="list-style-type: none">•Minimal: answers on a factual basis with no elaboration (wary rather than oppositional)•Compliant; continually checking with interviewer whether has understood rightly etc. Does what is needed but no creativity or self•Flat and depressed; answers openly but no sense of engagement or purpose

EMOTIONAL EXPRESSION (EXPRESSED AFFECT, IMAGED MEMORY, CONNOTATIVE LANGUAGE)

Consider whether and how emotions are expressed in the interview; was there any warmth towards the child? Are there any affectionate images? What was the nature of the language used? How does this parent feel towards their baby/child, and what evidence is there for coming to that conclusion? Can the parent acknowledge the difficult side of parenting in a way that does not break down into hostility or result in idealising denial? What examples are there of this?

Figure 12: Different Patterns of Emotional Expression

Sensitive	Controlling	Unresponsive
<ul style="list-style-type: none">•Positive language but not effusive or idealising•Warm images of comfort, nurture, or pleasure•Personal details; ways in which the child is brought alive and is differentiated from other children•Humour that is balanced (laughing at self as well as child) or affectionate	<ul style="list-style-type: none">•Intense negative language•Incongruous affect; positive statements undermined by evocative language or intense negative images•Mocking or sarcasm•Violent images•Language or images that trivialise or belittle child or child's needs•Delusional or intense exaggerated negative images•Intense need of the child expressed in intense positive affect together with suggestion of disappointment/anger	<ul style="list-style-type: none">•Idealising: Positive but vague and lacking in content•Distancing language•Lacking in images or personal detail•Absence of affect when needed by content•Stereotyped, clichéd or borrowed professional language substituting for own feelings•Gushing, worshipful, unreal (can also be in enmeshed/controlling tx's, but these latter will usually be imaged and contain more negative affect)•Child unknown

Think about how the child is understood by the parent. Is their understanding age appropriate and balanced, recognising both their parental role and child's contribution? Is it child blaming, giving the child too much intentionality (i.e. making problems that could be accidental or developmental, into something that was personally hostile; babies trying to wind parents up etc.)? Does the parent continually triangulate their understanding of their child i.e. is the parent's picture of their child distorted by conflict with a partner, former partner, or professionals; or does the parent use the child to express views or needs that are their own (also known as enmeshment)? Is the child given super-human abilities to make up for the parent's lack (magically knowing what the parent thinks, being able to look after the parent etc.)? Does the parent see the child as beyond help (so abdicating their own parental role)? From the evidence of how the parent thinks about their parenting, is the parent operating in the child's Zone of Proximal Development (ZPD) – the point at which the child is developing, neither expecting too much from the child, nor seemingly doing everything for him or her?

Figure 13: Differing kinds of Semantic Beliefs and Descriptions of Parenting

Sensitive	Controlling	Unresponsive
<ul style="list-style-type: none"> • Gives evidence of personally knowing their child - makes appropriate statements that are specific to their child • Shows complexity (nuanced) i.e relationships are not all one thing • awareness of child development earthed in personal accounts • Balanced accounts • Appropriate parental responsibility (i.e parent operating in child's ZPD) 	<ul style="list-style-type: none"> • Child blaming • Difficulties personalised (intentional rather than accidental/developmental) • Child seen as in control or wanting to be in control • Unrealistically high expectations of the child • Triangulated blame (understanding of the child distorted as it is being used as a vehicle to criticise partner or SSD) • Self serving (can only see what is favourable to self), or self exalting (exaggerating role of self) • Reductionist and one sided; people reduced to negative qualities • Fragmented; episodes and accounts only give information as to other's faults or own prowess • Preoccupied with own concerns / child absent 	<ul style="list-style-type: none"> • No information /episodes/ details about child • Borrowed professional understanding (that has no personal meaning) • Stereotyped and scripted/ rote and impersonal • Role reversed child described • Magical/telepathic powers • No agency as a parent (abdicated PR) [Note this appears often in controlling tx's where the child is so bad the parent can't manage, however the effect is that the parent withdraws, hence unresponsive care] • Depressed: giving up on the child

MENTALISING (EPISODIC MEMORY AND REFLECTIVE INTEGRATION)

How able and accurate is the parent in reflecting upon both the child's and their own perspectives and inner world? What examples of the nature and extent of parent's ability to mentalise can be found (e.g. examples where mental states cause other mental states, descriptions of affect regulation, or nuanced understanding of the mental states involved in child's behaviour)? Is the mentalising distorted to reflect the parent's hostility or preoccupations, as may be seen in highly coercive transcripts? Is it entirely absent, as commonly seen in extremely unresponsive transcripts (except where the speaker is exaggerating helplessness to draw in the interviewer, or actively hostile, either or which

may be seen in transcripts of controlling speakers)? Does the parent confuse the child's perspective with their own (enmeshed mentalising)? Is it rote and scripted (hypothetical and without personal content)?

REORGANISATION /POTENTIAL FOR CHANGE (REFLECTIVE INTEGRATION)

Was the parent able to use the interview to develop thinking and suggest the possibility of change, as can be observed in sensitive or reorganising transcripts? What is the parent's view of the past, and how appropriate is it? Are they stuck with rationalising past harm as many parents in a controlling pattern are? Or is the parent wishfully assuming that the present and the future are better without a process of change (usually seen in helpless controlling patterns, but also in some unresponsive, 'fantasy' relationships)? Or is the parent echoing professional understanding without personal meaning, as some unresponsive speakers do in order to substitute for personal knowledge. Sensitive speakers who have gone through a process of change, (or reorganising speakers who are in the process of one) usually are able to outline some realistic hope for the future, with specific steps/or changes involved, that either have been made or need to be made.

Stage 5: Pulling it together

Having formed a view from both a global assessment of the interview and the relationship discussed within it, and from closer analysis of the interview markers across different memory systems, these need to be reconciled into an overall coding for the dominant pattern, and level of sensitivity and risk. In most cases, the global assessment of the relationship and the analysis of the interview markers by memory system will lead to the same result. If there is a discrepancy, the coder needs to go back to the interview to try and

resolve and explain this. Hopefully the questions given in the last section can serve as a guide to this process. Even if one or other of the methods used to arrive at a classification is thought more accurate, the coder is only likely to feel comfortable with the classification if he or she understands why a different decision was made initially with either the global/functional assessment, or the memory system/interview markers coding. Often these discrepancies arise from something important about the interview, which needs to be understood regardless of the eventual classification. There will be some transcripts that exist on the borderline between these categories. This is not a problem, and whilst the system will attempt to outline procedures that help place an interview in one category or another, the fact that the transcript is borderline is clinically significant information (i.e. that it is on the border between high risk and intervention, or between intervention and adequate may highlight risk in hopeful situations or hope in risky situations).

CODING ISSUES: UNUSUAL PATTERNS AND AREAS OF UNCERTAINTY

REORGANISING TRANSCRIPTS

These are interviews of parents who have had problems in the relationship, but have gone some way to resolving these, or thinking productively in a way that suggests that the relationship may benefit from professional support. The Sensitive Reflective Integration markers are particularly important in this, as they do not presume a history of trouble free parenting. Transcripts that show clear examples of these may be placed at a lower risk level (higher Sensitivity level) than would otherwise be the case (e.g. be placed in Intervention rather than High Risk, or Adequate rather than Intervention), when this kind of thinking is clearly demonstrated in the interview. This is at the discretion of the coder, who will need

to balance this with the severity of the difficulties identified. Also care needs to be taken in considering how genuine this apparent reflective integration is (and the pseudo-reflection categories and markers are there to help make this distinction).

HOSTILE WITHDRAWAL

One particular kind of interview comes across as Controlling on the Meaning of the Child because there is clear hostility towards the child, but the care given to the child, as evidenced in the CARE-Index appears Unresponsive. This apparent discrepancy is found because the parent's hostility has resulted in withdrawal from the child. This is explained further in the box overleaf:

Controlling: Hostile Withdrawal

The abdicating PR / Helpless category is of particular importance in identifying this overall classification, as it often distinguishes parents whose transcript is controlling, in the sense that there is a clear negative connection between the child and the parent, but the *result* is for the parent to withdraw from the child. Therefore, in infancy at least, *a high risk unresponsive care index is expected*, because the observed behavioural result is apparent disinterest and lack of connection to the child [in other words neglect]. Transcripts that are both controlling (in other respects) *and* contain examples of abdicating PR and helplessness are classified as Controlling: Hostile Withdrawal. They remain Controlling on the PDI because parent and child are contingent in the interview, but a lack of contingency is expected in the CARE-Index because of parental withdrawal. It is a matter for further research as to whether the level of hostility apparent in these interviews will become more visible as the children grow older (and more directly challenging).

Some level of unresponsiveness will also be expected in transcripts classified as Helpless in their relationship with the interviewer, as this signals a controlling withdrawal from being prepared to think about the child and parenting. However, unless accompanied by other unresponsive markers, or the Abdicating PR classification, this is simply noted rather than affecting the overall classification.

ROLE REVERSING TRANSCRIPTS

Currently, Role Reversing transcripts, where the parent represents the child in a parental role, seeing them as responsible for their care and protection, are coded in the first instance as Unresponsive. This is because usually, such transcripts idealise the child as something/someone 'more than' a child, alongside exonerated 'less than' responsive parenting. Such a distortion functions to support the parent's leaning upon the child as a source of support to *them*. This pattern of relating to a fantasy child who can offer the parent nurture and support is in keeping with high risk unresponsive care, as it requires

parents to ignore the child's vulnerability and need for nurture (their *childlikeness*). Hence, it was expected that the majority of role-reversing transcripts would be coded Unresponsive Active in the CARE-Index; that is, the parent is involved in some way with the child, but what they do appears unrelated to the child in front of them, unconnected to what their child is doing, or signalling. In such cases, where the child is old enough for a classification of attachment, the child is usually classified A3 (Compulsive Caregiving), or Dp (depressed) A+ (unspecific highly compulsive) for children for whom compulsive caregiving has failed to protect them.

However, experience of using this system has produced a significant number of Role Reversing relationships that have a strong controlling element to them. This has sometimes been evident in the CARE-Index, or in the transcripts or both. This could be the result of the burden of expectation upon the child (particularly where the child's comfort to the parent is 'making up' for unresolved loss or trauma). This is sometimes so high that there is an element of disappointment in the relationship. The parent may need to control the child in order to maintain the fantasy. It may also be that the child's negative affect in these relationships similarly threatens the fantasy, and so the parent must suppress it or dismiss it intrusively. When the child shows distress, the parent is negatively contingent (connected) to the child, and so controlling caregiving behaviour is apparent.

Another hypothesis is that Role Reversing representations of parenting and caregiving may occur in enmeshed relationships, where the boundaries between parent/child and child/parent are merged, and affect is intense. In such cases one might expect significant hostility as well as intense need expressed towards the child (and possibly other blurred

boundaries in relationships, such as Triangulation – see below). These observations are borne out in many transcripts that have this kind of role reversal.

Many of these transcripts are also very self-serving; the role reversing behaviour in the child functions to bolster up the parent's sense of being a good parent; as well as proving others wrong who may have criticised the parent. Finally there is the difficulty in such cases in coding the CARE-Index as intrusive Unresponsive (active) caregiving and intrusive hostile caregiving (Controlling). These are not easy to distinguish, and as yet we only have a few transcripts and videos to make these distinctions upon.

In the current system, where marked Role Reversing is coded along with significant Controlling indicators (e.g. hostility towards the child's negative affect, triangulated blaming relationships etc.), together with clear other unresponsive indicators then the Interview is coded *High Risk – Mixed Unresponsive / Controlling*, and its Role Reversing characteristics are noted.

On the other hand, transcripts that are seen as highly enmeshed and needy of the child, contain few other unresponsive indicators, but rather are highly imaged and show a clear connection with the child, should be classified as Controlling despite evidence of role reversal. In time it is hoped that more will be learned about these interviews to enable finer distinctions to be made.

Procedural Memory

These categories pick up on a parent's learned, largely unconscious, ways of discussing their child: how they treat someone asking them questions about their child and parenting, and the feelings expressed about the child in the interview.

RELATIONSHIP WITH THE INTERVIEWER

The issue being examined here is how the parent uses the relationship with the interviewer *to talk about their child and parenting*. In that sense it differs slightly from the use of the term in the Adult Attachment Interview; what is important is the way in which the parent involves the interviewer in their relationship with their child (or does not). These categories are assessed over the course of the whole interview, rather than through identifying specific examples in the discourse. However, where examples occur they should be noted, providing evidence for the overall conclusion.

SENSITIVE MARKERS

OPEN AND EXPLORATORY

Sensitive relationships are open to discussion and fresh thinking. The parent uses the interview to think about the child and their parenting in a new way. Even if there is something at stake (e.g. an assessment) the parent does not view the interview as a test so much as change to talk about something important to them.

The parent uses the interview and her relationship with the interviewer to explore creatively different aspects of being a parent and their relationship with a child.

COOPERATIVE

This refers to the sense in which the parent is able to cooperate with the interviewer, and the interviewer's questions, to develop a shared understanding of their child and experience of parenting. The relationship and interview context provide a space for exploration, and sensitive parents are able both to listen and to respond to the requirements of the interviewer (and his or her perspective), whilst bringing their own experience into the interview and reflecting upon it.

CONTROLLING MARKERS

SEEKING ALLY

Some parents attempt to involve the interviewer in an alliance 'against' the child. Rather than using the interviewer and the opportunity afforded by the interview to explore the subject freely, the interviewer's support is requested against the child. Such parents are motivated by a need to have their anger, or their feelings of being victimised by the child, reinforced or supported by the interviewer rather than looking to explore their relationship with their child in a more open and honest way.

HOSTILE

Other parents express their rejection of the child by a hostile rejection of the interview and an interviewer, who is expressing interest in the child. Such parents are often mocking of the questions, the process, or even the interviewer personally, or personally attack

(verbally) the interviewer. Alternatively, hostility is expressed in suspicion of the interview (verging on paranoia). Examples include one mother rounding on the interviewer for “pushing her buttons”. Another parent made references like “I know what these questions are getting at”, where a hidden agenda was implied.

SELF JUSTIFYING / GLORIFYING

This describes relationships where the parent uses the interview as an opportunity to vindicate themselves. In extreme cases, the interview becomes a vehicle for the parent to be admired, resulting in limited willingness to explore the child’s perspective. One parent, whilst referring to other people’s concerns about his parenting, nevertheless talked in terms such as, “that is when I recommend...” and responded to the final question in the PDI as follows:

Is there anything you would want to change about your parenting of him?

No not a chance, not an absolute thing, I mean as far as I am aware I mean it is handy actually being here [in a residential assessment unit] because you get the feed-back on how well you are doing and from what you know, from what we have heard and people have fed back, it is you know going (incomprehensible words). You set the standard as parent yourself, you set your own bar, and that is what you want to be in yourself as a parent, but then when you come somewhere like this they have raised that bar that extra little bit higher, so you have got to work

to that bar, so you are actually doing better than what you think you can do. So in my eyes, I think yeah, I am doing absolutely doing fantastic.

Similarly the following passage, clearly involves the interviewer, and goes to excessive lengths to convince the interviewer of the parent's selflessness.

In all fairness and like I said to you before, love, its unconditional, I, I absolutely idolise him, idolise, I mean I would do anything, if they said you had to cut half your body off to save your little boy, get the knife out mate, I'm in, have a chop, take whatever bit you want, save my boys life I don't care. I don't care. I'd give my left arm right now for someone to go take him home – honestly.

These passages would also be classified for their Self Serving semantic judgements (see below). To be classified here, the parent's need to use the interview (and relationship with the interviewer) to have their parenting admired or vindicated must be a recurring theme through the interview. The language also needs to be involving of the interviewer ('*you know what I mean... like I said....*').

HELPLESS

Although controlling of the interviewer, this category often signals a level of unresponsiveness in the CARE-Index (hostile withdrawal from the child) because it is essentially a withdrawal from thinking about the child and parenting. In Helpless interviews there are many pauses, *which are combined with remarks about how hard the questions are, or how difficult the task*. The speaker is explicitly and implicitly inviting the interviewer

to do the thinking and exploring for them. It is therefore an active process, directed towards the interviewer (even if it feels passive); it is not simply that the speaker *cannot* reflect. Usually speakers coded as helpless in their relationship with the interviewer, are more able to answer questions about their own feelings of need, and sometimes also the way in which the child has hurt *them*. They are helpless in areas where they do not want to go, rather than trying but unable to do what is asked of them.

PARANOID OR SUSPICIOUS

This is coded where the speaker's suspicion of the interviewer and the interview process hampers and frustrates their ability to talk about their child. It is not coded simply for high anxiety about the interview, but requires at least implicitly some kind of negative intent or assumptions about the interviewer (e.g. that the interviewer thinks the speaker is lying, or is trying to trip them up in some way). It is often seen in questions such as:

Can I ask a quick question?

Yeh

Is there anyone else here?

No, you can shut that door there isn't anyone else here

'Cause I can hear creeping upstairs

Not only does the questioning betray hyper-vigilance, but the use of the word 'creeping' also makes an assumption of hostility.

UNRESPONSIVE MARKERS

UNCONNECTED

Unconnected parents treat the interview and the interviewer almost as if answering an official questionnaire, giving limited answers (in a non hostile manner) in order to 'get the job done'. Such interviews are closed to exploration and devoid of feeling, as the interviewer is not related to as a person (for that reason they are not hostile or complaining either). It is almost as if the interviewer is not present as a person (other than as a source of questions to answer).

COMPLIANT

This is similar to the last category in the sense that the parent is trying to get the job done. What differs is that compliant parents are trying to guess the interviewer's perspective and 'get it right'. There are often questions about what they are allowed to say: the rules of the engagement (not intended pointedly as a complaint, or wanting the interviewer to answer for them). This has the effect of closing down genuine exploration of difficult issues, because the parent is only able to say what they feel will be best received, rather than tease out problems or contradictions.

DEFERS TO INTERVIEWER

This refers to parents who see the interviewer as the primary source of information about themselves and their child. It is *not* referring to appropriate respect for the interviewer's professional status and expertise. It is not coded in interviews where parents seek the interviewer's opinion on matters that a parent might properly be interested in (whether or

not this is an appropriate forum for this). Rather it is an extension of the compliance described above, where the *interviewer's perspective is needed to define the parent's own internal perspective*. Such parents lack a personal perspective on their life and that of their child, but rather look to powerful people to supply it for them. The interviewer is presumed to know more about their experience, and their child's experience, than they do themselves. Similarly this category is not coded for interviews where the speaker is seeking to involve the interviewer in reinforcing their own perspective. These are self-serving interviews, which use the interviewer to feel more justified in their own self-knowledge, which is the reverse of substituting their own self-knowledge with the perspective of the interviewer or other powerful people.

SPECTATOR

This refers to interviews where the subject is treated as if discussing a play or film that the parent has seen rather than something in which he or she plays an active part. Parent and child are presented as objects for analysis or discussion, rather than a relationship the parent is actually involved in. In these interviews, it is not simply that there is a lack of interaction; the parent is not present as a person in their accounts, they simply are watching their life from the outside.

DEPRESSED

Some parents have in some way 'given up on', or withdrawn, from their child or their relationship with their child. Parents who have lost other children can be vulnerable when they see themselves as 'losing' this child also. Those with highly regulated strategies of attachment (A+ on the DMM) can be especially at risk, because their suppression of affect

can make connecting with the child difficult. When parents recognise this, but cannot see any way of dealing with it, depression (in terms of their relationship with the child, rather than a clinical diagnosis) is the result. Also when a child is mixed up with the parent's abuse in their own mind (perhaps reminding the mother of an abusive partner or parent) then the dilemma of needing to love their child to feel effective as a parent, and yet hating their child because of what he or she 'represents' can result in depression (or hostile behaviour if turned outwards towards the child). In interviews, this is shown by the following:

- ✚ Comments and statements suggesting futility in the parent's relationship with the child:

 'I think that he likes me a little bit'
- ✚ The parents' accounts suggest a lack of agency; s/he does not feel that he or she has the capacity to resolve problems. Rather, problems in the relationship are intrinsic, unalterable.
- ✚ 'Flat' affect – a sad quality to the interview. Content is limited, especially affective content, and there is little or no evidence of joy in the child or in being a parent. Expressive language is limited, and where it occurs tends to express sadness.
- ✚ The interview is lacking in images (which contain affective information).

In reality, although placed here within the system for simplicity, depression is an overall coding for the interview, rather than simply being about the speaker's procedural relationship with the interviewer. When speakers are depressed in their relationship with their children this tends to pervade the whole interview, as can be seen by the above indicators coming from all the memory stems. Some of these indicators are available to code separately, as they may not in themselves indicate an overall coding of 'depressed'. It is also important to note here that the depression being coded is not a clinical diagnosis, but

a coding regarding what the child means to the parent. Whether the depression inherent in the parent-child relationship is the result of some other, perhaps more pervasive kind of depression, or something that relates specifically to the child is a different issue. For example, the child may be related in some way to parental trauma (e.g. rape), such that the parent gives up on the relationship, seeing themselves as unable to parent this child effectively. Loss of previous children may also have a similar effect. The Meaning of the Child may give indicators of such underlying issues, but it is also possible that it will not elicit all the information necessary to understand them fully.

EXPRESSED AFFECT

SENSITIVE MARKERS

MODERATE AND APPROPRIATE

This refers to interviews where the parents' level of emotional arousal is moderate and the level of feeling expressed in the interview is appropriate to the discussion. Joy is real rather than forced, or over the top; frustration is mild, not personal or hostile to the child, and occurs in discussion of the normal irritations of any relationship. It is not coded when there is a discrepancy between the affect expressed and what is being discussed, or when the expressed affect is unreal or inappropriate to the context.

PLEASURE

This refers to the parent's expression of pleasure in the child. Care needs to be taken to distinguish this from gushing adoration (see below), which more often expresses need of the child rather than enjoyment. Expression of pleasure in the child *must* be appropriate to the context in which it is expressed (i.e. the parent must be relating something about the child where the affect is appropriate and personal to their relationship) – it should reflect the feeling that comes from knowing the child and enjoying the relationship. It often occurs spontaneously in the context of relating episodes, as in the example of Affectionate Humour below, rather than being something that the speaker has a clear agenda to impress the interviewer about.

AFFECTIONATE HUMOUR

Moderate and affectionate humour often gives a real and personal feel to interviews of sensitive parents. It is to be distinguished from humour that puts down the child, or portrays the parents as helpless. Affectionate humour shows delight and pleasure taken in aspects of the relationship (or characteristics of the child) that may be quirky, eccentric, or unusual but are loved for that reason. Appropriate humour also tends to show an awareness of the interviewer as a person, and the interviewer's mind / perspective, because it is in the context of the relationship within the interview that humour is either appropriate or not. It is therefore something shared between the interviewer and the parent. For example:

Certainly if you're going into the kitchen to make a cup of tea or cup of coffee, she quite likes to come and watch me doing that cos that, she reflects that into her tea set game that ????? so she'll quite often (pause) um if I'm going into the kitchen she'll come with me and say "making Mummy's tea" and "Where's the milk?" um you know and uh I quite often hold her in my arms and um...open the tea ??? and let her take the tea bag out and I end up with ten in my cup (laughs).

That's a strong cup of tea!

Yeah (laughs happily).

SINCERE AFFECTION

When the experiences of parent and child have been difficult, then there is room for affect that could not be described as pleasure, but is genuinely felt and appropriate to its context. It might be compassion for the child's hurt or pain, or regret at the ways in which the child has been hurt. If it could not also be coded Moderate and Appropriate then it should not be coded here; intense 'brow-beating', or gushing eulogies are not what is meant, for the first is really about involving the interviewer in the feelings of the parent, and the second functions to distance the parent, from the real, needy child they are parenting. The following passage could be coded here, as well as for the very personal images the passage contains (see below). The loss of the child is poignant and personal, but it does not distort the parent's thinking or description of her experiences:

What do you like most about [Child]?

Um...that's quite a difficult question to answer (soft laugh)

It is a difficult question, have a go, have a shot.

(7-8 seconds silence- thinking)

Well it's difficult to put my finger on one thing, there's a couple of things that I really love about [Child]]...um (pause) one of them is um (pause) I really love her smile, she's got, she smiles at everybody but she's got a particular smile that she turns around and grins for you, for somebody special in her life umm (pause) she's got a very infectious laugh, she loves to laugh umm (pause) really like that about her umm (pause). Sorry it's

very strange, the way she smells cos she's my child and it's a funny parent thing I know, maybe only I've got but there's the smell of [Child]] and I can still go into her room and even though she's not been there for a very, very long time, it smells like [Child]] in that room (pause) it's a very strange thing... And even though she's been with her foster mother she still smells like [Child]] (pause) um so that's quite important to me um (pause) and um (pause) but when she calls mummy even if she's upset or she's (pause) um happy or you know when she calls for me that really melts my heart even if it's, even if she's annoyed with me (laughs) you know but it's when she interacts with me and that's possibly because I don't get to spend the time with her but that's really important to me and that's....

CONTROLLING MARKERS

EXAGGERATED AFFECT

This is coded for transcripts where the expression of feeling is unremittingly intense; even if positive, it has a needy, 'cloying' tone. Genuine affection has an 'ebb and flow' quality to it; thinking graphically, it has soft peaks, rather than either spikes, or unremitting high arousal. Genuine affection is context dependent and situational; constant unremitting 'affection' is in fact a burden to a child, as it is arousing and demands a response, rather than being something that is shared and mutual.

UNRESOLVED ANGER

Anger is coded when overt or subtle anger, frustration, irritation or annoyance about the child is expressed in the interview.

Can you tell me about a time in the last week with [Child] when you and he really clicked?

PARENT:- Prrhhrr

This is a question about the enjoying the time together, but is met with frustration. Whilst it always should be noted when seen, to be properly coded here, there is the assumption that the anger is:

✚ Frequently inappropriate or incongruous, for example cropping up in discussion supposedly pleasurable aspects of parenting, or when the speaker claims to be happy or not/never angry.

✚ Excessive or extreme, again this should be evaluated in regard to context

Or,

✚ Pervasive; thematic through the whole or most of the interview.

It is important to realise that all parents are angry with their children at times, and this can be healthily expressed. What is being coded here is anger that is either covert, or unacknowledged, and/or verges on hostility towards the child.

SIGHS

Sighing *when talking about the child* can be an expression of anger, or feelings of being burdened or rejected by the child. Care needs to be taken about the context of such expression, because when expressing futility generally, or talking about the self, sighs may indicate depression. The context usually makes this clear.

MOCKING

This is humour used to express a negative connection to the child. It is often the covert side of anger, as it expresses anger indirectly, excused by the fact that it is 'only joking'. Humour can be used to belittle the child, or trivialise his or her demands, needs, and feelings. Alternatively, humour can be used to exaggerate the burden upon the parent of caring for this child. As humour also occurs in sensitive interviews (see above) careful thought must be given to its 'message'. What is the underlying affect behind the humour? If it is anger, then it is coded as control, if it is delight or pleasure it is coded as sensitive. It is also coded for laughter, which functions to undermine positive statements (when the context supports this interpretation). For example:

You like everything about her?

Yeh (laugh)

Nothing in particular you just

Apart from when she, bites and that, - no that hurts.

If other people are mocked but not the child, this should be noted, as it likely reflects the parents' interpersonal relationship pattern (and so will impact on the child), but clearly incidents of mocking the child should be viewed with greater seriousness.

SARCASM

As with mocking, sarcasm is sometimes used to put down or belittle the child, and so is an expression of hostility.

DISTORTED POSITIVE

In some cases parents express active enjoyment of their child's distress or mishap (that involved suffering for the child). As elsewhere it is also coded when discussing another child who may in some ways be a child substitute (for example, a parent in a residential unit enjoying the suffering or failure of another parents' child). This is rare category but clearly of concern when it occurs. In the following example, this father, although saying he feels bad when the children cry, laughs and gets excited whilst describing his children's distress:

How do you feel when they cry?

Yeah I feel bad, I feel bad. I feel ???? myself when they crying so I try to find out what exactly why they are crying...if err they need something I have to go buy it....to avoid them crying.

What if they just need a hug?

Yeah just, just a hug, I give them hug so when they cry you have to pick them up, you don't have to leave them crying.... you know we got a

system here (laughs) you got a system here...you leave the child crying for 5 minutes, they will come and knock on your door, (pause) they knock on the door, (laughing as speaking) why you let the child crying...so you cannot ?????

It's not easy...you can't leave them....

It's not easy, your child is crying, sort it out, he keep on crying, I have to do something else (lively, animated, laughing as speaking).

UNRESPONSIVE MARKERS

FLAT AFFECT OR LACKING IN AFFECT

This is coded when the parent does not express any (or almost no) affect towards the child in the interview. The effect is to make the relationship seem business-like and impersonal. For example, one interview was conducted almost entirely in this vein:

If you were going to describe, I mean [Child]'s still a little baby,

Yeah.

But if you were going to describe him to me,

Yeah.

In three words or phrases how would you describe him?

He's a good baby, he's in a night routine, it's just getting him in a routine first thing in the morning.

Right so he's in a good night routine

Yeah.

And anything else about him?

He's a happy baby and cheerful.

A happy and cheerful baby. So tell me, you say he's a good baby, describe what you mean by that.

He only really cries, well he doesn't cry a lot apart from when he's hungry and needs his bum changing, or if he's unhappy.

This is coded for a tendency within the interview as a whole (although there may be one or two exceptions which would then need careful consideration).

ADORATION

In some interviews parents are gushing and excessively positive about their children. The child is worshiped as if on a pedestal, or as in religious adoration. If the child is less than a person in the previous category, the affect expressed here suggests the parent sees the child as more than a person. So the function of both creates distance from the child – whether worshipped from afar, or ignored from a safe distance. It is not intended to code parents who are passionate about their children, but rather parents who love an image of their child that is distanced from the real child.

SAD

Sad affect is the result of a failed attachment strategy in regard to the child. It is a feeling that doesn't motivate anything, as it derives from believing that the problem is too great and there is no solution. Therefore, it is coded in transcripts where the affect expressed is hopelessness. Speakers who express genuine sadness do not do so to win sympathy and invite rescue from the interviewer (as that is strategic and controlling behaviour, with the goal of coercing nurture and comfort) but rather have 'given up' trying to elicit anything from others. Content of replies are usually very limited, especially in affective content, and there is little or no evidence of joy in the child or in being a parent. Sighs commonly express sadness, when they are not a passive complaint about the task or the child, but rather simply express pointlessness of thinking and reflecting because the speaker does not believe it can go anywhere. Often sadness is contained in a few, emotionally affecting, but isolated words in a transcript that is otherwise, relatively expressionless. Interviews coded as 'Sad' leave the interviewer feeling flat and sad, as even when some of what is said may appear reflective, it comes out of an underlying sense of futility. Interviewers often appear at a loss as there does not seem anywhere the interview can go or the interviewer can do to 'revive' the speaker and the situation.

Imaged Memory

Imaged memory refers to the expression in language of sights, sounds, smells, touch, and more rarely taste. Images of colour, place, and facial expression, audio images of things said, or noises have the effect of personalising the narrative. Coders should highlight images in the narrative; as images tend to convey information as to the probability of danger or safety, the affect (self protective feeling or motivation) they express should be closely attended to. In the Meaning of the Child particular attention is given to images of the child, or images that relate to the parent's relationship with the child.

SENSITIVE MARKERS

PERSONAL AND 'FRESH'

This marker refers to lively images that are personal to the particular interview and quite literally add colour to the transcript. They are not particularly linked to significant danger, anger or fear, but rather express connection to the child, the importance of the child, and shared experience with the child. However, they may be more vivid when more difficult or threatening incidents or issues are discussed (see Balanced, below). That said, the images of Sensitive speakers are generally pleasant to the listener/reader, rather than coercive of his or her feelings – as in Hovis advertisements rather than a trailer for Terminator! The personal quality is expressed in the fact that these images give detail and information that is specific to this relationship, to the experience that the parent and child have experienced together, and sets them apart from other relationships. It is this that gives these transcripts a 'home-cooked' feel, rather than parents talking in a way that could characterise any parent-child relationship.

WARM IMAGES

Images may at times be intimate, in the sense of containing images of touch and smell that convey closeness (see especially the example quoted above for Sincere Affection, on page 228). Some care needs to be taken to distinguish this from parents who over-sexualise their children – the difference is that the images of sensitive mothers convey warmth and relaxed intimacy, not desire or danger. The images flow naturally into the conversation. The following illustrates this well:

[Child] loves water (pause) umm (pause) I know she likes swimming, she's always loved her bath time, um and her favourite thing is to splash her legs and make sure she gets everybody else wet at the same time, she absolutely loves that um (pause). I really like to spend time with [Child] reading, she loves her books um (pause) and she's really into her books and I love spending time reading stories with her um...certainly when she was younger when I had the opportunity to put her to bed, she used to lie in your arms whilst you were reading her bedtime story and she would just gaze into your eyes and stroke your cheek, and it was almost "I'm so pleased you're here" which you know is enough to melt your heart (pause). At the moment her, she's very fond of [name of child's toy]. [Name of toy] could be involved in every game um she does loves her tea set very, very much and ??????? tea set and her current favourite thing is um her kitchen which I brought her for Christmas, and cooking and role playing with cooking, and um how you cook things and put them in the oven and put them in the fridge and watching what I do and then copying

and she's very much into that and um certainly if you're going into the kitchen to make a cup of tea or cup of coffee, she quite likes to come and watch me doing that cos that, she reflects that into her tea set game that ????? So she'll quite often (pause) um if I'm going into the kitchen she'll come with me and say "making Mummy's tea' and "Where's the milk?" um you know and uh I quite often hold her in my arms and um...open the tea ???? and let her take the tea bag out and I end up with ten in my cup (laughs).

ANIMATED AFFECTIONATE IMAGES

Enacting an image is often an indicator of strong feelings, usually either danger/anger, or powerfully felt love and affection. For example:

I do her feed and she'll just cuddle up in my arms and she likes the way I hold her... I hold her like that and err she...she just loves it...and she'll sleep in my arms for ages...

Such images aren't always apparent from a transcript alone (although it is helpful if interviewers note them and add them later), but when they do occur should always be noted. Importantly, such should not convey anger or threat (where they would be coded under exaggerated images of danger/loss), or part of pattern of unremitting intense images which function to coerce the listener into feeling the speaker's powerful (and enmeshed/needy) feelings. Affectionate images, whether animated or not, tend to be gentle, and personal; the animation of them tends to communicate the importance of touch

in the parent/child relationship and therefore illustrate intimacy, rather than be aimed at convincing the interviewer of anything.

BALANCED

As when discussing affect, the images of more sensitive parents are appropriate to the experience or situation being discussed. Intense images suggest high arousal, which should not normally be the case for a parent invited to discuss their child. Whilst a range is expected in keeping with different experiences being discussed, excessive variance and 'discordant' images are likely to be related to troubled experience. With 'sensitive' speakers, images fit their context rather than stand out as being out of place. Neither do they relentlessly follow one theme, for example portraying the child in a negative light (which suggests that the images relate to underlying feelings of the parent, rather than adding colour to different and varying experiences and contexts). Whilst sensitive parents will talk about difficult experiences, the images they use will match the nature of the experience as well as be sensitive to its affect upon the listener. Even then they are able to regulate and moderate their affect, and so will usually calm the discussion, either by commenting on the effect of this upon the interviewer, or by some moderating reflection on the difficult experiences just presented.

CONTROLLING MARKERS

INTENSE

Some transcripts are highly imaged, but rather than add colour and reality, they are relentless, having the effect of confusing the listener, or battering him or her, with the

speaker's affect. Such passages suggest heightened arousal and anxiety in the relationship rather than relaxed enjoyment. For example:

*Just maybe tell him, say "[Child] no mate, stop keep throwing them toys all the way over here." Cos he'll throw it and he knows you're gonna get up and run and get it so now it's a new game he starts. So you have to get up, get it, take it back and he'll throw it again and it, that side of it gets a little bit repetitive and , but, like, "[Child] can you just not throw it over there, can you just throw here so I can just pick it up and give it back you" but, err, its more, I don't know - it's more fun.....**more fun to....**yeah that's what he wants to do so I can't have a nag at him for it, it's just a pain I just ..**dad's getting tired**. Sometimes when he, like I don't know, I get a bit, I don't get annoyed, **I get more panicky** and **he looks like he's choking**, like - initially I will pick him up straight away and pat his back but I feel- I dunno there's something inside of me that's still scares me to this day with, when he starts to get that **chokey eyes**, cos I can tell when he's gonna start, cos **they go a bit red, and watery** and you can see it but it don't annoy me, it upsets me cos I get a bit emotional when he **starts crying** sometimes, cos there's times when I don't know what he wants cos I haven't been round him for so long I, I try everything, I **give him his bottle**, don't want it, **shake his head at me (growling sound)** and he'll get frustrated about it, I try to give him a sandwich, he don't want it, I try to **sit him with me to watch the telly**, he just don't want to do it but I think that's where it could be he gets so tired, from being up from like 10*

o'clock in the morning till 1, like that's, that's a good 3 hours and he's constantly dancing about so the tiredness might just take its toll on him.

The passage is relentless in its highly charged image of high arousal in both parent and child. Unlike the balanced category above, there is no moderation of the affect. The intensity does not let up.

TRIVIALISING/BELITTling

This is coded for images that belittle the child, portray him or her in a negative light, or otherwise dismiss his demands or feelings. For example:

I mean we tried everything we tried rocking him, swinging him gently, nothing worked, you know how baby gets they are not like toddlers milking stuff, or belly ache, or "my nose is sore" etc. The only thing they can do is scream and scream and scream.

The image of a toddler saying "my nose is sore" in this context, is mocking of the child's distress.

HOSTILE

The previous example would also qualify as hostile (given the image of toddler's 'milking it') and also the continual images of the baby screaming through this particular transcript. Another example would be references to the child as a 'monster'. This category is coded whenever the images imply hostility on the part of parent or child (in the sense of implying

that the child's difficult behaviour is maliciously motivated). It is also coded for violent images such as:

although I can't go out and start lashing out at people, and biting people's heads off.

EXAGGERATED / DELUSIONAL IMAGES OF ANGER, FEAR, DANGER, COMFORT AND LOSS

Delusional images are coded for images signalling highly negative affect that either could not have taken place, or are very unlikely to have taken place, given the age and development of the child. For example, one parent spoke of the child *walking* around in search of his father, when he was only a few months old and could not walk. This category often represents the irrational intrusion of unresolved trauma and loss into the parent's discussion of the child, and so quite often is thematic (i.e. the issue reoccurs). To be coded the image must have elements that are very unlikely and also 'jar' in its context (as if it is a jigsaw piece that has been put in the wrong place). The following example is taken from a mother's description of how another parent addressed their child in a group situation:

Yeah and she looked at her daughter, well she said something to [other parent's daughter's name], I saw her go like that and went tight like that, with a really horrible face, and I just thought "oh my god!" That made me sad for little [the daughter's name].

The image of the angry parent is extreme and is acted out (animated) by the speaker. It makes sense in a situation where the child anticipates physical abuse, described in terms as

if the speaker was there and was threatened *herself*. It does not make sense in a crowded group setting, where the parent admits that she could not see properly.

Similarly the following image, describing the parents' guilt at an incident of domestic violence would be coded this way, (although it is perhaps more exaggerated then delusional, as the speaker probably does not intend it literally, see below: Minimising / Self Exonerating [Semantic Memory]).

I made sure I could see bone in my eyes.

Images may be of the child as dangerous, or in danger, represent some kind of loss to the parent (projected onto the child) or function to exaggerate the child's need or love of the parent. However, there must be a delusional quality to the image to be coded here.

It is also coded for images that have a grossly exaggerated quality to them, even if they are more closely related to reality. For example, the following, given to illustrate her 'bond' with her daughter, seems unlikely (or at least out of place):

I was like their main carer so I had a really good bond with them. For example, when I was pregnant with my second child (cannot hear name) would want me to – I was like nine months pregnant she would be like “oh mummy run with me – mummy”, “can’t run with you” and she’s like – and she’s like – “but when, when you have the baby you can run, can’t you, mummy” and I was like “yeah, when mummy has had the baby I can run darling” and I think that they day I – the day I give birth and [father]

actually brought my daughter down to see me, she was – she walked into the room and I was obviously holding my son and she was really happy and she run over again with big kisses and she looked at me and she went “ahh mummy, you can run with me now” (both laugh) yeah, give it a couple of weeks; yeah.

UNRESPONSIVE MARKERS

NO IMAGES OR LACKING IN IMAGES

This is used to describe transcripts that are devoid, or very lacking in images. Language tends to be generalised, and few episodes are given in which images might be contained.

IMAGES OF HOPELESSNESS

These often occur in transcripts of depressed speakers. Such images are often striking as they appear in transcripts that are often otherwise relatively affectless. Unlike the images of controlling speakers, which function coercively upon the feelings of the interviewer, these images appear to intrude and reflect the speaker’s underlying isolation and sense of futility. The following example does have something of a blaming quality, especially at first. However the hopelessness of the image is even more powerful, and suggests personal shame and futility rather than ultimately being about winning sympathy from the listener:

*It – it got to a point where I was just on my – on my own in the house with the kids cause she would nip out and she would be gone for about two or three hours every night **mm** and there would be times where there would be – you know – I couldn’t even watch TV with the headphones on*

– they were that noisy **right okay** and you would ask them to be quiet, be quiet, **and some nights I just ended up in tears in the corner** **I see** I just couldn't **yeah** you know what I mean? It's – yeah. But I didn't tell [Wife's name] about this, I don't know why I didn't but yeah **I got so stressed out** – **that I ended up breaking down sort of thing** **mm yeah, yeah** so.

BIZARRE/IMAGINED (FANTASISED)

This is coded for delusional images that are not related to extreme negative affect, but rather suggest a fantasy or imagined child (who is often imaged as the saviour of the parent). The following would most likely qualify:

Every time I open that door to walk in, to see him, every time, **you can just feel the love in the room**. Its, I don't know if that sounds strange but, you just can, I walk in and **as soon as his arms come up** and **he just wraps himself and squeezes so tight**.

Again this does not really make sense as an image of a child seeking a cuddle – rather it describes how a parent might comfort a child. As with the Delusional Anger, Fear and Danger category the image must appear out of place, as well as contain elements that are unlikely in the context.

Connotative Language

Connotative language refers to the verbalised use of language to influence the affective states of listeners⁹. Again, the focus of this coding system is the use of language to describe the child and the task of parenting the child. Because it is the outworking of imaged memory in expressive discourse, the categories are similar to imaged memory, but what is being classified is the use and nature of language rather than the images themselves (or their absence).

SENSITIVE MARKERS

LIVELY AND APPROPRIATE

Lively discourse simply refers to appropriate use of expressive language. The interview shows a varied use of language, which reflects the affect inherent in the episode or issue being discussed. This does not require creative genius, but simply the ability to use

⁹ The distinction in the AAI between discourse markers (learned patterns of speaking), which are classified under procedural memory, and connotative language (a separate memory system) is not made here (Crittenden & Landini 2011). Even in the AAI there is some overlap and for the most part the markers classified under discourse in the AAI either do not have relevance for this system (which is not coding directly for attachment strategy), or can easily be incorporated into the Connotative Language categories. Whether Connotative Language truly is a distinct memory system is a matter for debate, but one that does not make any material difference to this system or the conclusions derived from it.

language to express a range of affect that is appropriate to the discussion. There is a relative absence of distancing speech (e.g. ‘you’ and ‘they’, instead of I and s/he, or the child’s name). As with lively images, lively and appropriate expressive language makes the account real and personal, and distinguishes it from a ‘textbook’ or scripted feel. It also ‘fits’ the context and the speaker. The passage quoted above in full in relation to lively and personal *images*, would also illustrate the kind of language being described here.

MODERATE

As in the earlier discussion of balanced *images*, moderate refers to the *range* of affect contained in the language used – it is neither inappropriately absent, nor overwhelming or coercive. That is, the interview is neither carried out on an emotional monotone, nor is it a verbal battering of high affect.

CONTROLLING MARKERS

EVOCATIVE (NEGATIVE)

Evocative language is the use of language to coerce the affective state of listeners. Particularly emotive words and repeated phrases should be noted by the coder who then makes a decision about their function. Usually evocative language serves to make the listener angry (with the child) on the parent’s behalf, without the parent having to evidence or perhaps even state their own anger directly. Alternatively it functions to emphasise the burden of caring for the child, and invite sympathy. Because of its deceptive (or indirect) quality it is common in interviews of parents who are angry or hostile towards their children, but do not want to openly state this because they are being assessed. Evocative

language is primarily coded for language used to describe the child and the parenting task, but examples relating to helping professionals, partners, and other children are also noted.

All the time, when she is awake all the time.

Erm how do you think those are things she needs help with? Sorry I am leading you, I knew you were going to say that, so she needs you say she needs attention all the time?

Constant care, needs constant care.

The repetition of “*all the time*” and “*constant care*” strongly evokes the extent to which the parent feels the child a burden. Another example would be the parent who frequently used words like ‘*nasty*’ to describe her child.

VIOLENT

This is a subcategory of the evocative language category and picks upon a pattern of using aggressive words to describe the child or parents’ hostility, or the relationship between the parent and child. For example, words like ‘kill’, ‘struggle’, ‘pushed away’ (when not literal) all are strongly evocative of aggression and conflict. Another example would be the following:

I’ve just let him get away with blue murder.

Many parents will use such phrases occasionally to describe particularly emotive or threatening incidents. However, some parents frequently use this kind of aggressive language, and it is a pattern of this that is coded here.

DISMISSIVE

Dismissive language is language used to dismiss the child, or his or her feelings. It refers to the use of “them” and “they” when talking about a particular child (it is not coded when it is simply a response to a general question), or referring to one’s child as “it”. Other examples include “...or whatever”, or “etc.” as in the example also quoted above in describing trivialising images, where these phrases serve to dismiss the need or feeling of the child just expressed:

*They are not like toddlers milking stuff or belly ache or “my nose is sore”
etc.*

DEROGATORY/PROFANE

This category refers to more extreme and personally dismissive language used in relation to the child, for example the parent who referred to her child as *“one of the little fuckers”*. Another referred to his son as *“a little shit”*.

UNRESPONSIVE MARKERS

ABSENCE OF NEEDED AFFECT

This category, drawn from Crittenden’s School Age Assessment of Attachment (Crittenden, Kozlowska & Landini, 2010) refers to descriptions of difficult experiences without the affect expressed in the language, which might indicate the speaker’s feelings about the incident. It has the effect of making the description impersonal, stripping the event down to ‘the facts’ without giving any insight from the language about how the event was experienced (or is

experienced now). The language used about the emotive topic or episode will be more impersonal ('you' instead of 'I', 'They' instead of s/he or child's name). It has the effect of distancing the speaker (and listener) from the event in question. For example, when talking of the (emotive) subject of smacking the child, one parent commented:

*I wouldn't use **the technique** of him smacking and **things like that**.*

CLICHÉD OR ROTE LANGUAGE

Clichéd or Rote language serves to create distance from the child, and to exclude listeners from the speaker's feelings about their child. Social clichés and repeated rote phrases are used to substitute for personal knowledge or experience of the child. The effect is to make the interview sound formulaic. For example:

And what about you what kind of person do you think you are? What do you think it is important for us to know about you?

Don't know. Erm I am learning every day I am not, I don't really know because I have been in here before. I am learning something every day and I aint' perfect but I try and do the safest thing for them, and make sure they are feeding and got what they need but nobody is perfect just learn something new every day.

ARTIFICIAL AND TECHNICAL LANGUAGE

Parents who have had parenting work or professional involvement but have been unable to relate or integrate it successfully with their experience, and that of their child, often use the

words in a similarly formulaic fashion. Such speakers talk of their child as if known though a textbook rather than a relationship. These passages also have the feel of plagiarism, language and phrases taken from elsewhere and used without personal meaning. For example:

*Cos I would have had the **quality time** with each of them and been able to like **put their boundaries and that** into place.*

It is important to add that it is not the use of technical or professional language per se, particularly if the parent is able to identify the source (for example when talking explicitly of something they may have learned at a parenting group and how they have applied it). The problem is when professional generalised language becomes a substitute for understanding or trying to make sense of the specific feelings, thoughts, signals, and needs of the parent's child. The following is an example of how the professionalised language serves to substitute for a lack of connection to the child:

How do you want to be like your mother as a parent?

*Erm, I try to **transmit my love** as now.*

It is the technical language used, rather than the judgements being made that is coded here. The latter is coded as Borrowed Semantic Judgements, where the parent is making general judgments about their child, relationship, or parenting; or Borrowed Reflection, if professional advice is being used to evidence change, but is not integrated with personal experience. Unsurprisingly many examples of Borrowed Semantic Judgements also contain Artificial and Technical language (see below). Because a judgement is needed about the use

and function of the language, this category is not seen as high risk, unless borrowed semantic statements are made as a substitute for genuinely knowing the child. This decision about function is difficult to make relating to the language alone; simply using technical language does not of itself indicate high risk.

EULOGISING LANGUAGE

Eulogising language creates distance from the child, by putting the child on a pedestal – worshipped rather than parented or related too as a child. This kind of idolising language suggests a fantasy child, which can be a means for the parent of avoiding facing up to the difficulties of the child in front of him or her:

I would like to begin by getting a sense of the kind of person that [child] is, could you describe him for me?

He is absolutely adorable. He is smiley, he don't stop smiling, he is very loving, he loves playing, ahh, erm (incomprehensible words) by himself or with others or will play with me as well (incomprehensible words) erm can be cheeky, he can be cheeky. Erm, I think he is well-mannered, well mannered, erm erh erm and plays so nicely. He is very affectionate. He loves his cuddles from his mummy, but he is he is a very lovely, lovely gorgeous boy and ahhh (incomprehensible words) I am know I am not being biased because he is mine, but he really is lovely boy. A lovely boy.

This passage would be coded for Idealising semantic judgements (see below) but here it is the eulogising **use of language** that is being noted.

Semantic Memory

Semantic memory, in the context of the Meaning of the Child refers to the parent's understanding of what causes what in relationships, and what usually follows what. Semantic statements are often made in the form of 'when... then...' or 'If... then'. In all areas of life we spot regular temporally ordered events and make causal connections between them, as well as plan what we do around them. For example, a car hits a wall resulting in a dented car, so the car hitting the wall is said to *cause* the dent. That causal attribution allows us to try and avoid getting dents in the car by avoiding hitting walls! Similarly in relationships, if a child loses pocket money every time she steals cookies, then she may conclude that:

- a) Her stealing the cookies is *to blame* for the punishment of losing pocket money (i.e. the reason why it happened).
- b) In order to avoid losing pocket money it would be wise not to steal cookies.

Whilst this is reasonable, this account is also simplified in that it obscures *the parent's role* (in giving the punishment), and the child is entirely responsible for losing the pocket money (or forgoing cookies). In coding an interview close attention is paid to the parent's understanding of why the child does what he or she does, and why difficulties occur. The parent who said of his child "*he is the power to key to me up*" is saying that his child is responsible for his functioning (and by extension perhaps is to blame when he is not). What are the links in the parents' mind between events? Are there things that are said to *always* happen (which tends to signal a simplification or distortion), or *usually* happen (which *may* signify an understanding of complexity, and variation)? What generalisations are made about the relationship (such as the statement just quoted)?

NUANCED

This category refers to interviews that show understanding of complexity in relationships. People, whether a parent or a child, do not *always* act in any particular way, or out of just one motive all the time. Well-behaved children are sometimes naughty, and children who often behave badly or do naughty things, have occasions when they are “doing the right thing”. Similarly no parent is always consistent. Also, things are not always what they seem, and appearances, or initial reactions may be mistaken, or lead to mistakes. Nuanced accounts reflect this complexity, and demonstrate that the parent is prepared to think about the implications of their, or their child’s, behaviour. Statements tend to be qualified appropriately, (*usually, sometimes, often*) and exceptions are noted. Some care needs to be taken to distinguish genuinely nuanced statements from parents who frequently make positive semantic statements, and then undermine them with emotive and often powerful imaged exceptions (where the affect indicates that it is the ‘exception’ that the parent is more concerned about - see Undermining below). Also some parents will frequently qualify statements as a mark of deference to professionals, or out of their fear of getting things wrong, rather than truly considering complexity in relationships.

BALANCED

Balanced interviews are those that ascribe responsibility in relationships appropriately, and share it in ways that reflect a reasonable understanding of child development. Both parents and children have agency (the capacity to influence their world) but babies and infants do not have the same capacity to resolve difficulties or intentionally shape the relationship.

Balanced interviews do not blame children inappropriately, but do not see them as objects either, and ascribe age appropriate responsibility for their actions. The statement *“he is always winding me up”* is not balanced, as it suggests continual hostility on behalf of the child, and places all responsibility onto the child. The statement *“I so often seem to get angry at the slightest thing he does wrong, and sometimes I think he senses that and does things to annoy me”* (which might be describing the same problem) is much more balanced in the way responsibility is ascribed, and *may* be reasonable (if the age of the child and context makes this credible), even if both statements indicate some level of difficulty in the relationship. Neither statement could be coded Balanced when describing a baby, who could not have that level of intentionality.

The following example below would be coded ‘balanced’ for the way in which this mother appropriately sees her child as actively involved in the difficult parts of their relationship, without being ultimately responsible:

I think [Child] and I have got quite, quite a good understanding of each other, I mean she knows (pause) I don't tend to get angry with her because she doesn't, she's a very well behaved child I mean, she's not perfect but she's a well behaved child, but she knows I can just vary the tone of my voice slightly and that's enough for her to know that, actually she's doing the wrong thing and she invariably knows when she's done the wrong thing cos she'll do something naughty and she'll turn around and say “Uh oh” or she'll say “Oh dear”, ?????? like once she spilled her cup of milk, um...her sippy cup she threw it across the room (pause) and I

said, "now [Child], that's not..." you know I just changed my voice and said, '[Child], that's, that's not what we do' and she said, "Oh, oh dear, the milk's over there, it's on the floor", she knew and she said "Oh" and she knew she had done the wrong thing so, so you know she's not the sort of child that you really need to tell off, but you just need to change the tone of your voice, and she knows she's done the wrong thing....um...you know I'm lucky she's good, you know a well behaved child so there's understanding on both sides there um and obviously I, I have an understanding, I think I have quite a reasonable, a good understanding and appreciation about the fact that life's not easy for her and she needs certain things from me because she doesn't see me all the time which I try to make sure I (pause) I, I give her my full attention....

CHILD SPECIFIC UNDERSTANDING

Sensitive parents usually show personal knowledge of their child that goes beyond the application (even the appropriate application) of age related stereotypes. They make generalised statements about what their child usually does, or how they are in certain situations but are able to make observations that mark their child out in some way. Of course controlling parents may do this also, but make negative statements that give the child too much responsibility for negative aspects of their relationship, which is coded as 'child blaming' (or too much responsibility for how the parent is feeling, which is coded as 'enmeshed'). For sensitive parents, semantic reasoning (observations of what happens when in relationships) is used to help them understand their child, and the situations they find themselves in whilst parenting the child, and so respond in ways that are sensitive to

their child. Unresponsive parents tend to substitute stereotypes or clichés instead of this kind of personalised knowledge, or insights that are borrowed from professionals but not given meaning that is specific or personal to their child or parenting. By contrast, the example below (which follows in the same discussion as the example quoted for ‘balanced’ semantic reasoning), shows how this mother uses sensitive understanding of her child’s delayed development to alter her parenting in ways that eases her daughter’s frustration and helps her feel more rather than less able:

Mmm...mmm...what sort of things [cause [child] frustration] ?

Um....what things? I mean some of the things are to do with age and development and some to do with mobility so um (pause) she (pause) not so much now, but she used to get frustrated with her tea set, when she couldn’t get the lid on and off the teapot, or the tea set has got a little salt and pepper ??? set in it and she used to get quite angry when she couldn’t get the lid on correctly on the, the little salt pot and she used to get quite frustrated with that but now she’s dev.. she’s learnt how to do it so...um (pause) and when it’s things like that I tend to, spend the time and show her how to do it and then show her again because that’s how she’s going to learn to do it but you know she does get frustrated with the walking, when there’s times when she wants to walk and do things and she can’t get there (pause) um (pause) I guess that will change and develop over time..

CHILD BLAMING

Child blaming refers to semantic statements, which ascribe inappropriate responsibility to the child, in a negative way. It is coded for statements where any of the following apply:

- 1) Statements that give the child responsibility for actions that the adult was either fully or partially responsible for.
- 2) Statements that seek to reduce the child's actions, or motivations to the negative (this is called 'Reductionist Blaming Thought' in the Adult Attachment Interview, Crittenden & Landini 2011). "*He is always winding me up*" is an example of this – the 'always' reduces the child's behaviour to that which intentionally angers the parent, and the statement as a whole blames the parent's anger on the child, and suggests continual hostility.
- 3) Statements where the parent's expectations are not age appropriate. The parent's disappointment betrays expectations of the child, which are too high or otherwise inappropriate, placing an unreasonable burden on the child to live up to them.
- 4) Statements where normal age appropriate behaviour, is described as problematic for the parent, in a way that suggests that the child is deficient in some way. The child's 'deficiency' is perceived as causing the parent particular difficulties, when in fact the evidence would suggest that such problems might be a normal part of parenting a child of that age.

One parent, when asked to describe her relationship with the child, chose the word 'playful' and gave the following descriptions to support it:

*Like when [partner] tries and feeds him and he won't take it um and he passes him over to me and he will take it off me, **whereas he never used to, he always used to mess about and he never used to drink his bottle. I think that's quite good** that he's actually taking it off, of me **for once**.*

Although describing an apparent improvement, it turns out that the adjective 'playful' (the one that is supposed to sum up their relationship) is in fact negative, referring to the child's lack of feeding for her ('messaging about'). The child is blamed and although talking about an infant a few weeks old, the baby is seen as hostile. The never/always has a reductionist quality, particularly as she is describing an exception. However, even here, the "for once" undermines the positive element, suggesting that this mother continues to feel rejected by the child's 'playful' behaviour (negatively interpreted as messing about).

UNDERMINED POSITIVE

This category refers to positive semantic conclusions that are offered up and then undermined in emotive ways. It is a deceptive way of expressing anger, as the positive semantic statements are a blanket covering underlying hostility. A famous example comes from Shakespeare's play, *Julius Caesar*, in the speech attributed to Mark Antony, friend of the murdered Roman emperor and bent on revenge, commonly known by its opening: "Friends, Romans and Countrymen, lend me your ears." Mark Antony, given permission to speak at Caesar's funeral to a crowd whipped up with hostility towards the dead emperor, tells the crowd, "I come to bury Caesar not to praise him". He seemingly supports this by frequently starting or ending his paragraphs with the apparently positive semantic statement about Caesar's murderer, the senator Brutus: "*for Brutus is an honourable man*".

However, the semantic conclusion is carefully and systematically undermined by the episodes, images and descriptions. Without overtly speaking out against Brutus, and for the dead emperor, until the end, the crowd is influenced by the covert and deceptive hostility in his words, into sharing his anger. They are coerced into a frenzied state of rage towards Caesar's murderers who they had previously praised and adored. The effect of this kind of speech is to make *the listener* angry on the speaker's behalf, whilst making the speaker out to be balanced and rational (when in fact they are seething with anger). Here it was the crowd who seemed angry and Mark Antony the soul of reason and restraint.

We saw an example of this in the previous quote, where the positive semantic description of the relationship as 'playful' was undermined by an episode and semantic judgements that portrayed the child as rejecting and hostile. Similarly, the positive example of him now accepting a feed from the mother is undermined by the emotive "for once", which suggests that, in the mother's mind at least, this is the exception that proves the rule. A similar example was the mother who told us that she liked everything about her child, but undermined it with the "*Apart from when she bites and that, no - that hurts.*" The exception was expressed far more emotively than the statement about liking the child.

DEROGATING

This category takes child blaming category one step further, and implies that the *child himself* (as opposed to his behaviour, motives, or feelings) are wholly negative. In other words, the child's negative qualities are intrinsic and unalterable. An example would be a mother, describing her son's "Jekyll and Hyde" personality, described him as "really nasty", and "completely dumb", a "nasty boy". This is comparatively rare and is a high-risk

indicator. It is coded even where the parent does also give examples of good behaviour (the ‘Jekyll’ side) – the point is that on occasions, when his behaviour is challenging, this parent is able to judge this child as *evil*. However, the example must be extreme and outside the realm of normal human behaviour to be coded here (as opposed to simply hostile or blaming).

SELF EXONERATING [OF HARMFUL CAREGIVING]

This category is coded when the parent makes semantic statements that minimise or exonerate their own negative behaviour, or responsibility for it. When the behaviour being excused in this way is considered abusive or harmful to the child, then this is indicative of high risk relationships. An example would be the parent who minimised his violence and criminal history in saying “*I do have my funny 5 minutes*”. The same parent, whilst blaming his partner for the difficulties they experienced (see below, under Triangulation, for a quoted example), minimised his own contribution with deceptive self-blame (suggesting in effect that he blamed himself for loving his son so much that he could not walk away from them). Similarly in the following passage, a parent blames his aggressive behaviour on his ‘guilt’ at what had happened to his son:

But can you tell me about a time when you’ve felt guilty as a parent?

From about the [date of incident of domestic violence], I felt proper bad, I mean so bad it’s unreal, that’s when all that started happening, I mean, I made sure I could see bone in my eyes, cos it hurt me that much, that’s the only way I can let it go, was by doing that.... it’s, its all I could do and if I could do that...then I’d go out and I would – make sure someone

wanted the fight, I'd make sure, and just to get it out, and if I don't get out this hurt, and it, it's always gonna be there, it always just gonna stick in my brain.

Whilst the violent graphic imagery is very apparent in this example (it was also classified Delusional Angry under Imaged Memory, see above), the (highlighted) semantic statements in this passage suggest that when he feels this bad, the only solution is to have a fight with someone, otherwise it will continue to haunt him (“*stick in my brain*”).

SELF SERVING (GRANDIOSE*)

This is coded for semantic judgements that grossly exaggerate the parent's importance to the child, the selflessness of the parent's motivation, or the parent's 'prowess' in parenting. The parent's ability to make appropriate judgements about the child or their relationship is distorted to bolster the parent's perception of themselves as a 'good mother' or 'good father'. The following (quoted above for its self glorifying involvement with the interviewer) contains exaggerations of the parent's self sacrifice, which in its context functioned to exonerate his complicity in the problems his child has experienced:

in all fairness and like I said to you before, love, its unconditional, I, I absolutely idolise him, idolise, I mean I would do anything, if they said you had to cut half your body off to save your little boy, get the knife out mate, I'm in, have a chop, take whatever bit you want, save my boys life I don't care. I don't care. I'd give my left arm right now for someone to go take him home - honestly –

The manual for the Parental Reflective Functioning Scale (Slade et al. 2005a) remarks that self-serving reflection is rare in parental discourse about their child, because of the overwhelming importance the parent actually does have to the child. Of course, this manual is coding for a different concept (the parent's mentalisation, see above). However, in conducting the Meaning of the Child primarily with at risk groups, including fathers, many of whom are no longer caring for their child, or where this is a real threat, we have found self-serving thinking about the child frequently. Where the parent is absent, the opportunities to exaggerate the parent's importance to the child inappropriately (without sufficient evidence in the context), attribute the child's problems to the parent's absence, or exaggerate the parents' prowess as a parent, are very great. The following passage emphasising the father's parenting at the expense of the mother is both Self Serving and Triangulated (see below). What is important here, is that this father's semantic judgements relating to his child is influenced by his need to exalt himself at the expense of his son's mother. Even if there is a genuine difference between *his* relationship with his son and that of his former partner, this father's semantic generalisation simplifies reality to emphasise his own importance.

How do you think your relationship with your child is affecting his development or personality?

I think he has an attitude problem when he's with mum.

Do you?

Yeah (pause). Cos she sort of can't cope with him at the best of times

(pause) (Right) when she's there.

And so do you think that (pause) you know you saying that [Child] has a bit of an attitude problem with mum and do you think that this affects his development or his personality?

Not towards me.

No

But...when [mother] has him (pause) it's hard to say when she's there cos like most of the time he's (pause) a bit restless when she's there and when I take over he (pause) he isn't.

The danger is that this can function to reject the child when he does not conform to the parent's need to be able to control the child's negative affect. This same father's need for his child to show his need of him is evident here:

Right okay so but (pause) as far as you're concerned he...he doesn't feel rejected

When I go over there, [the contact supervisor] just gives him straight to me and she goes, "Dad's here now and he...he'll take care of you now." and passes me him and she goes "Oh look at that. He knew what he wanted. A cuddle off dad".

In extreme cases parents make grandiose and hugely exaggerated claims about themselves, and their prowess, often using poetic and wildly exaggerated language, as if they were almost a class apart from other people. In the following passage the speaker almost

suggests that his way of dealing with his feelings is somehow healing of the rest of the world:

How do you cope with those (pause) empty (pause) empty feelings?

(2-3 seconds silence)

Again it's usually a crying session or (pause) erm... (2-3 seconds pause)

What does one do with empty feelings? It is...most of...it's all down to my emotions...I'm a kind of man that if, if I'm that sad and upset I'm gonna cry...(pause) need a cry (pause) but (pause) life's too short to be upset...(pause) so I do try and turn my crying into singing (pause) with, with the kind of the whole you know....I won't be depressed, I won't be sad...(pause) but if I could sing now and make the person in the next room happy...(pause) like a ricochet (pause) effect...where at the end of the day I'm going to be happy because (pause) everyone else has become happy...so....

Often such speakers try to put themselves either on a par, or ideally in a 'one up' position to the interviewer, claiming (inappropriate) professional status.

ENMESHED

Role Reversing representations of parenting and caregiving may occur in enmeshed relationships, where the boundaries between parent/child and child/parent are merged, and affect is intense. In such cases one might expect significant hostility as well as intense need expressed towards the child (and possibly other blurred boundaries in relationships,

such as Triangulation – see below). To be coded here, the speaker must make semantic judgements about the child that confuse the boundaries between parent and child. This might include ascribing their own perspective to the child,

What do you like most about [Child]?

She is mine! Erm what do I like – I can't pinpoint one thing. She's – I don't know she is like my – she is my princess – she's - she is just my life really – couldn't imagine life without my baby.

This mother seemed to need to equate her daughter being close to her, with her being wary or anxious with other people:

if she doesn't know somebody she can be quite erm shy or upset – if she – if someone she doesn't know gets quite close to her but then she like – she will pull away and she will cuddle up to me, cause obviously she wants that security from my mum –

The mother also explicitly confuses her own perspective and her child, and this 'muddle' was apparent through the interview. She often confused her desires for her child, with her daughter's own thoughts and feelings. For example, in looking at her daughter's experience of being fostered, this mother reads her own pain into her child (who at 11 months will still experience her foster mother as mothering her):

So when you worry about [Child] – what worries you the most, what do you worry about most?

*How she – it's hard to explain. How she is taking things? How she – I can't explain it – how would you explain that? How she is feeling being raised at the moment by these two people and then – having them every day and then coming to me and knowing that I am her mum – erm and spending time with me and then going back – it worries me to think how she – I am going to get upset **[okay, take your time]** how she sees things from her – so, I don't know?*

What is of concern here is that the mother is putting thoughts into her daughter's mind that are in fact more related to her own pain and loss.

TRIANGULATED BLAME (OR NEED)

This refers to semantic judgements that involve the child inappropriately within conflict between the parents, or within conflict between the parent and professionals. The parent's understanding of the child is distorted by the need to maintain the conflict and justify themselves. Essentially, the child is used to blame the other party, and the parent's perception of the child is distorted in the process. Alternatively, the child may be used to emphasise the speaker's importance at the expense of another parent:

*Obviously **if he was talking enough and can understand feelings- he'd, then I know he'd turn round to people and say "I wanna live with my dad", [and not his mother] I know he would.** [Mother] knows it as well, she'll openly say it in court, but...*

I formed that bond from the minute I held him and she knows it as well, she'll tell yer. He's better when he's with his dad than when he's with her. Cos I think it might be that male thing, it might be that I wasn't there for a little while and it, he pined for me, he's constantly 'dad dad dad', constantly just screaming at her even when she put him in the bath it's still a scream cos I'm not there, he knows I'm not there so...

The following passage purports to be self-blaming, but is in fact triangulated blame of the mother (he is to blame for not stopping her causing the damage, but he could not leave his son, and “she wasn’t prepared to let him go”):

I should have done more to stop her acting the way that she did around my child. I should have walked away, first time, not kept going back because my boy would not be in this situation. I feel a lot of it lays at my feet, I do and that's honest. It hurts me to say it, it kills me to say it but I've gotta be truthful, cos if I'm not truthful with myself, I'm not gonna be truthful with anyone else and it's so hard for me to say but I do, but I feel like a shit parent, I do, cos on the sheer basis I could have stopped all this from happening, I could of, like that, could have solved it all by walking away but I, I couldn't leave my son, I just couldn't do it, if my son would have come with me, maybe it would have been different, we wouldn't be in this scenario but she wasn't prepared to let him go.

The marker is also used for interviews where the parent's exaggerated need of, or desire for, the other parent is inappropriately read into the child. Although the anger is less

marked in this kind of situation, the parent's understanding of the child is still being distorted in the adult's inappropriate involvement of the child in issues arising out of adult relationships. In such transcripts the child is used to express an unacknowledged need of someone else, rather than being seen clearly in their own right.

UNRESPONSIVE MARKERS

IDEALISING

This is coded for transcripts that make positive semantic statements about the child and the parent-child relationship, which are not evidenced in terms of actual experience. The idealising generalisations function to distance the parent from personal and specific experience, which may be difficult, painful or troubling. It is differentiated from the Undermined Positive category because the parent is unaware or unable to look at the negative experience. Rather than undermine the positive semantic judgements with affect-laden episodes or incidents, the parent either fails to look at experience at all (as the relationship is 'always loving' etc. without exception) or the evidence provided fails to support the generalisation, but in the coder's view the speaker is unaware of the discrepancy. Usually idealisations come in the form of absolute positive statements (*"he is the perfect child"*, *"he is never angry"*, *"I can't think of a time when I have been angry or irritated as a parent"* etc.). Just as blaming statements simplify reality to emphasise the negative qualities of the child and the parents' experience of parenting him or her, idealising statements simplify reality to emphasise the child's positive qualities and the pleasurable aspects of parenting him and her. For example:

What do you like most about [Child]?

Oh that is a hard question. I don't know.

What do you like most about him?

Ahh,he is very (incomprehensible words) everything I can't put it into words I think everything. Every little thing.

Is there anything that you dislike about him?

Erm, no. I love every, every, I mean I like everything about him. You know. I couldn't point on anything. You know.

Whilst this is often mistaken for warmth, genuine warmth requires the ability to heed the child's distress, anger and fear, and take action to comfort, reassure or protect the child. Idealising the child and the caregiving role enables the parent to avoid feeling and responding to the child's need or signal of distress, at least to a degree (depending on its extent).

ABDICATING PARENTAL RESPONSIBILITY / HELPLESS [HOSTILE WITHDRAWAL]

This category is taken from the writings of George and Solomon on Caregiving (George and Solomon 1996, 2008) who felt that all parents in high-risk families abdicated parental responsibility for the child in some way, thus exonerating a failure to care or protect the child. Here it is used in a more restricted sense for parents who judge themselves as in some way *helpless* to provide care or protection for the child. For example:

When you worry about the children, what do you find yourself worrying about most?

Injuries.

Injuries? Is that with all three of them or just?

[Older two children] mainly.

Why do you worry more about with [older 2 children]?

In case they get marked, bruised, by accident.

Yeah.

[Youngest child's name – a baby] has not had any marks.

He has had no marks, but the other two have had marks yes have they?

[Pause] And why does this worry you?

'Cause, (cannot hear, probably child's names) really, really hurt themselves.

So you worry that they will really hurt themselves if they fall over and get bruised or marked. Okay. How do you think having your children has changed you – do you think you have changed since you have become a mummy?

Struggle. With a struggle yeah.

Yeah, so you think it's –

Every parent struggles yeah absolutely

Here, this mother presents her worry about the children's injuries, but herself as powerless to do anything about it. These injuries are caused by the children, and she is inviting sympathy for her worries, and the struggle she has, rather than seeing herself as able to do anything about this. She lacks agency in her own children's protection.

How do you think your relationship with [child] is affecting his personality or development?

Well when we play um he's happy and that so I think that's good but then sometimes, most of the time when he cries I won't take him cos I know he won't settle for me and I think that's what makes him worse as well...

This mother feels she is unable to comfort the child (and blames the child for this) and explicitly abdicates the responsibility for this. She feels rejected by the child, and excuses herself by saying that even as a mother, she will only make things worse.

[Hostile Withdrawal]

The abdicating PR / Helpless category is of particular importance in the overall classification, as it often distinguishes parents whose transcript is controlling, in the sense that there is a clear negative connection between the child and the parent, but the result is for the parent to withdraw from the child. Therefore, in infancy at least, *a high risk unresponsive care index is expected.*

ROLE REVERSING

This is coded for semantic judgements which idealise the child to such an extent that the parent's responsibility for the child and for caring for the child is substantially diminished. The child is described as more than a child, which has the effect of exonerating the parent's responsibility to care for and protect the child. In some (role reversing) situations, the child is described in the parenting role:

Could you describe him for me?

Happy, lively, loves attention, enjoys toys, Pudsey's TV, he's healthy, love of my life, power to key to me up...

In this sense this category combines the last two (Idealising and Abdicating PR), as this is both idealising (exaggerating the child's positive qualities) and subtly abdicating parental responsibility by placing on the child the key to the adult's care.

BORROWED SEMANTIC JUDGEMENTS

These are coded for obvious 'professional' judgements which are not 'earthed', or given any personal meaning by episodic information – rather they appear to have been 'cut and pasted' into the narrative, like a clumsy student's attempt at internet plagiarism:

What about in the last week or so just tell me about a really good time?

Just well when we look into each others eyes, and you know he is sort of like thinking or trying to see what you are thinking about, just general, I

mean I don't know how this whole eye connection really works or biologically, and you know all that sort of stuff, but it is just amazing.

Borrowed semantic statements function to distance the speaker from their real and specific experience (as in “*And what I feel erm, attachment with my mother and me I feel very close to her.*”). However, what is concerning is the fact that external professional slogans, rather than being integrated with personal experience, actually substitute for the parent’s ability to think about the experiences of their child or their own internal world.

How do you think your relationship with [Child] is affecting his development and personality? Or has affected it?

Has affected it and (pause) I think it's affected his personality and that because just that I had the three of them together too close to each other and that I didn't really get to spend that much quality time with [Child], that if I'd waited, I suppose a bit longer between having them (pauses) half of my troubles wouldn't have happened actually [said laughing softly but not funnily] cos I would have had the quality time with each of them and been able to like put their boundaries and that into place so nothing could happen that I could end up like I did.

Where borrowed professional statements are offered as a substitute for reflective integration (i.e. made to evidence change and the correction of error, see below, as is arguably the case with the above example) they are coded there also.

STEREOTYPED

These are similar to borrowed judgements in that clichéd judgements usually drawn from social stereotyped or learned phrases substitute for genuine understanding of the child's behaviour or the parent's own. Unlike the borrowed category however, some limited personal information is given. The result is therefore vague and distancing, rather than a substitute for considering the child. The following example includes some rote or clichéd sounding statements, but is also given some real meaning.

When you're feeling upset like that what sort of effect do you think that has on (pause) on your child? (pause) On [Children's names]?

Erm (pause) it's emotional for them too. It affects them in... as well obviously of course it does but like (pause) I leave my emotions (pause) in the place (pause) where it happened and (pause) I come home and, you know, I show that I'm happy and I'm okay (pause) for their sake and you know....even though I'm hurting inside and stuff and still I'm still hurting to this day since they took the kids away from me....like (pause) you know (pause) like they say a baby's only (pause) a miserable baby if you're miserable and a baby's happy if you're happy do you know what I mean so...and I know that's what affects your children so... (pause) the way I see it is, leave that to where it is and (pause) just don't get it involved with your home life and the kids and stuff...well [Children's names] (pause) cos [older teenage child] confused now at the moment as it is with herself and....losing her siblings do you know what I mean so... (pause) I have to support her as well (pause) make sure it's nice at night time when you're relaxed and you can sit there and I can talk to (pause)

[Partner] about it and get it all out of the system and you know get on with the next day and....

This mother labels the fact that she is borrowing (“they say”), and does offer some personal information and experience to make the judgement credible. However, the effect is distancing from her own and her children’s experience, and the reflection is limited and idealising (we are left wondering just how much she is really able to do this in reality, rather than intention).

As with Borrowed Semantic Judgements, where such statements are used to distance the speaker from reflecting about past difficulties or correcting error, they are also coded Stereotyped for Reflective Integration (see also below).

CONCRETE AND OVERLY PHYSICAL

This is coded for when parenting or the child is described in mechanical terms, as if the ‘task’ were about fixing a problem rather than understanding a person. For example, the ‘describe your child’s personality’ questions are described only in physical characteristics (what they look like). Understanding the child’s distress is described mechanically as if it were finding what is wrong with a broken piece of equipment. For example:

You also described yourself as being caring do you have a story or a memory even that comes to mind – erm when you were caring as a parent?

M: Erm? I – I try to listen to her needs – erm – I obviously try to figure out what's wrong – what – change her diaper, if she is hungry, if she is teething, if she wants something to chew on.

Any particular time that erm – erm a memory or incident that pops to mind?

M: Every day after she (cannot hear) she gets upset you know – check her diaper, erm see if she is hungry, erm give her a cold teething ring in case her teeth are bothering her.

Episodic Memory

Episodic memory is the combination of images and temporally ordered events into a narrative structure. It is closest to what is traditionally meant by memory. We have seen in the examples given for semantic memory that some speakers, when apparently making generalised semantic judgements, cannot help but slip into relating episodes, or stringing together images. For them the affective information is important, and cognitive information about the regular order of events is missing. Other speakers substitute semantic generalisations for specific episodes, and their accounts lack personal details of their experience. The semantic form of presenting episodes facilitates the substitution of the imagined for what is real (“if he were old enough to talk, then he would tell you”). The questions of the PDI, and interviews like it, typically call for both semantic and episodic information:

- ✚ When he is upset, what does c. do? (To which the answer is a *semantic* generalisation:
e.g. “*normally he sits in his bedroom and sulks*”)
- ✚ Can you tell me about a recent time when c. was upset? (To which the answer is an *episode*: e.g. “*Last Wednesday, we had an argument about homework and he stormed off to his room*”).

SENSITIVE MARKERS

BALANCED

Balanced episodes are those which appropriately illustrate the topic that is being questioned, and do not portray parent and/or child either too negatively or overwhelmingly positively (i.e. do not appear to have an affective agenda, such as hostility to the child, or

need to portray the child in a saintly light). Rather these episodes provide credible evidence to support the generalised (semantic) descriptions of the relationships provided by the speaker. These episodes 'fit' the topic well and the listener feels enlightened by them, and able to make his or her own judgement about the relationship. That is, the episodes are not told so as to coerce one particular conclusion, or elicit one particular feeling. For example, the following passage, although about discipline and challenges to parental authority, told with a mixture of semantic judgements and episodic information, contains personal details, is appropriate to the age of the child, and the level of responsibility ascribed to her toddler:

And you said patient as a parent. Give me a, can you give a specific episode where you've been patient to [Child] for example?

Um (4 seconds silence) so I think I am very patient with [Child] and there are times when (pause) as I said she is a very well behaved child so you don't often have to tell her off, but there are certain things (pause) not rules, but certain things which I (2 second pause) guidelines which I set down for [Child] which is that "we don't throw toys, toys are not (pause) weapons and (pause) um..we don't eat ??? the jigsaw" and "we don't eat books" (pause) and so (pause) with [Child] when like for example she, she tests the boundaries with the jigsaw, she's gone through this phase with me and she would get ??? if we would do the alphabet jigsaw and she would put pieces in her mouth, knowing that we don't eat our jigsaw so she would say "Oh" and put it down, then she would pick up another piece and put it in, ??? "No mummy, we don't eat our jigsaw" and she would put it down and then she would pick up a 3rd piece and I always

(pause) with [Child], I'd always used to be very calm about it...I tell her 3 times and then, then say to her, say if you do it again, I'm just going to take the jigsaw away, and so she'd do it a 4th time, and so I'd just take it away, not making a big drama about it, just, and then she was like "Oh it's gone", and that's where we, you know it was very simple, a very calm discipline that she understands...that, that's not you know that's not the right thing to do..

RICH AND PERSONAL DETAIL

This category refers to the level of personal detail in the episode. Again, sensitive speakers relate episodes that are unique to them and their child. They are not borrowed from anyone else's script of what relationships should (as though from fiction or TV), nor are details avoided completely. Detail is not excessive, nor overwhelming (something that usually indicates trauma) but it adds needed 'colour' and makes the description specific and personal. Enough information is given so that the listener actually learns something about both child and parent, and their relationship, but not so much as to indicate that the speaker has clearly lost awareness of the interviewer and is embroiled in the recollection and strayed off topic. In the passage just quoted, the 'alphabet jigsaw' and some of the speech of both child and parent, show that the semantic judgements (well behaved child, patient parent etc. are based upon credible episodic evidence).

APPROPRIATE MENTALISING

Sensitive speakers will give information and make judgments about their own and their child's mentalising (thoughts, feelings, beliefs and intentions). This is coded more precisely

by the Reflective Functioning Scale (Slade et al., 2005a) but here the coder is making a more limited, overall judgement. Is the speaker, when describing episodes involving the child and their own parenting, able to make judgements about the mental states that give rise to or are the consequences of behaviour? Do they see their child as a separate thinking and feeling person and are they able to make some reasonable and credible judgements as to his or her thoughts and feelings. It is coded when the speaker, in describing an episode:

- a) Makes attributions of mental states to the child and themselves (i.e. does not simply describe behaviour, or physical states such as tiredness), but is able to talk of wanting, feeling, believing etc.
- b) These attributions are *reasonable*. That is they could be true (and are not extremely improbable) from what the coder knows about the age and development of the child, and the situation in which they are said to occur. It is also important that they could be reasonably inferred from the behaviour or situation described. Some parents appear to invent extremely detailed and adult mentalising for very young babies with little or no evidence. Examples of irrational mentalising are given in the other categories below.
- c) The speaker is able to link *behaviour* with mental states, or different mental states with each other, or show some awareness of the complexity of mentalising (i.e. that mental states can be mixed and contradictory, or that they are not always as they appear).
- d) These judgements fit into the narrative, and are sufficiently personal (i.e. they do not appear scripted and borrowed from professionals, forced into the narrative like an out of place jigsaw piece).

The following passages would be coded as appropriate mentalising, even though from a speaker who has clearly struggled in parenting:

Do you think he feels rejected?

Yeah, I think sometimes I forget to say a lot like, sit him down and actually say I love you, and give him cuddles and all that, um, well, because I was on drugs, I was forgetting to do things like that so then I think he does feel rejected, but when I see him at contact I say every time I love you, give him a cuddle and that.

The speaker describes her own ‘forgetting’, its results in terms of her own behaviour, and its consequences in terms of her own child’s feelings.

How do you feel about being separated from him?

Um, in the beginning it was needed and that’s why Mom said to me: “how come normally I would have got angry and I would have kicked off like”, at like Mom taking him but Mom said to me “why didn’t [inaudible – something like you get angry]?” Because I knew it was the best thing at the time and I knew that I couldn’t look after him and that time and I knew I was in a crap job. So, that “why?” Because I knew that if I give him to Mom, and I knew Mom could do a better job at that time?

Here, although describing difficult circumstances with evocative negative language, the speaker *is* able to differentiate her responses at sometimes, and link her behaviour to her own beliefs at the time.

In this system the mentalising categories have been placed in Episodic memory, because they usually appear in the context of episodes, or should appear in them. On occasion some speakers describe mentalising semantically (e.g. when I do this, he feels that). These should still be coded. It could be argued that if sufficient detail is given to be coded appropriate mentalising then it is likely to come from the recollection of specific episodes. That said, presenting mentalising in the form of semantic generalisations often is a clue that what follows may be distorted, as the speaker may be mistaking the thinking and feeling they think *should* be occurring from what actually does happen. It is easier to maintain a fantasy or a distortion when it is divorced from actual experience.

CHILD IN MIND

This is coded when the parent *unselfconsciously* gives evidence in the episodes they discuss, of a positive connection to the child in their mind. It is often seen in episodes where the child is thought about when the parent is elsewhere, or where the parent might be expected to be tending to other matters. It is a judgement that the coder makes from the evidence the parent gives, not simply the parent's semantic judgement. Usually when the parent feels the need to explicitly draw attention to it, it is not there or not real. Often the parent's purpose in the episode is something else; for example to highlight something they are concerned about on the child's behalf. It is the coder who judges that this is 'beyond the call of duty' expressing an ability to hold the child's needs in mind, advocate for them, or feel strongly about their interests (even when these might conflict or be irrelevant to the parent's own). In the following episode, a foster mother describes her feelings upon learning that a child, no longer placed with her (but placed with his grandparents) is

struggling. It is clear that she continues to feel for the child, even though he is no longer her 'responsibility':

I thought it was, the right move for him and and that was going to be his last move and you know he was going to be able to get on with his life, so I was sad to see them go and and missed them but it was made a bit easier, because I had contact with the family, telephone and email contact, so I still heard how they was getting on, but it, it did become quite difficult because it was quite clear to me that things wasn't going well for [Child] you know, they was explaining behaviours that was sort of like he was rebelling really, and to rebel you need to have to have something to rebel against.. So I was getting very concerned for him..um...towards the end before he came back and then when I heard that they was actually giving him up, it was then panic, you know, "Is he gonna go to a stranger?" or, you know, "Can he come back to me?", and thankfully he did.

CONTROLLING MARKERS

UNDERMINING NEGATIVE EPISODES

These are episodes that are told to emphasise negative qualities or the child, or the task of parenting the child. Such episodes often function to undermine apparently positive semantic (generalised) judgements, by delivering a powerful affective message without overtly stating the conclusion that the listener is likely to draw:

Can you tell me about a time in the last week with [child] when you and he really clicked?

Prrhhrrr, well every day. We really click, you know it's a baby, every day I mean I enjoy bathing him, I mean I was nervous about bathing him for the simple fact is like holding him, I didn't want to hold him too tight that could hurt him, I didn't want to hold him not tight enough that he slipped out of my arms, just general worries.

This episode is told to illustrate 'clicking' but in fact the underlying message is one relating to the worrying involved in parenting the child. In other cases the attempt to win over the interviewer against the child is less covert, and such episodes function as a kind of emotional battering, as the parent is dredging up evidence to support their feelings of hostility.

This category is not coded for simply supplying an episode that fitted the question (i.e. supplying an episode involving anger towards the child in response to the question: *"Can you tell me about a time when you were angry with c.?"*) – unless the affect inherent in the episode is much more extreme than is required or needed by the question. It is when the episode is told in order to emphasise to the interviewer how bad the child, or the experience of parenting the child, is – not simply to answer the interviewer's questions. For example, the following exchange is in response to the interviewer picking up on the start of an episode supplied by the parent:

Going back to the difficult time when he was screaming and screaming and you couldn't settle him how did you feel?

I just felt a little bit frustrated in myself because I just couldn't do anything to help him. You know because he was screaming and he can't turn around and say, "Daddy I have got belly ache," or "Daddy I have got earache, (headache, sore throat, whatever)", so I felt a bit bad in myself because I couldn't do anything about it. I mean, staff (incomprehensible words) tried to make them and they felt bad because they wanted to help him so much, but there was nothing you can do to help a baby because like I said they can't give the words, belly ache, headache but I mean you have just got to bear with it because as I say (incomprehensible words) he is going to scream. I mean when we first come here he was unsettled because he hasn't actually been home, home since he has been born so he has been in the hospital, foster care then here so he has never actually settled to one particular place for longer than you know six, seven weeks so he's that was the worst day he was screaming constantly when we first come here but just grin and bear with it you know if he wants to feed we know what cues to look for to give him his milk, we know roughly looking at the how many hours he has gone since the last feed when it changed his nappy just a general cues so if we have done all them and he is still screaming then we should try him in his musical chair his rocker chair you know try bouncing him up and down just walk around with him

take him outside and walk around the court yard or take him outside in the pushchair for a walk for half an hour, hour.

The speaker's anger and frustration at his screaming child is evident in this episode, also full of images of anger ("*grin and bear it*") and told with angry evocative language and a run on sentence structure. The episode is told to emphasise and justify the speaker's helplessness in caring for the child (and so could also be coded for Abdicating PR, see above).

CHILD IN CONTROL (PERSECUTION)

Some speakers relate episodes where the child, rather than the parent, is described as the one in control. It is a kind of hostile role reversal, where the child appears in the position of the punitive 'parent'. The episode is told so as to make the child the one with the initiative and responsibility, and the parent is either passive or coerced by the child (but unlike 'passive parenting' below, the implication is that it is the badness or negative qualities of the child that renders the parent helpless or somewhat helpless). There is a sense in which the parent is portraying him or herself as somehow the victim of the child. For example, the following extract, although generalised, would be coded as 'child in control' for the episodes it is describing (as well as 'child blaming' in semantic memory above, especially for the final semantic summarising statement):

Can you tell me about a time when you felt really angry as a parent?

Most of the time, because as I say you come back from work and it was erm you would ask the kids to get ready for bed because it is school in the morning, "oh no, no, no" they start ranting and raving and then you get

them into bed, and they wouldn't go to sleep it would just be you would be sitting downstairs just unwinding for the last hour or so before you go to bed yourself past 9 pm, and all you have got is it sounds like someone has got a tank upstairs, trying to go through bedroom walls and doors the noise was horrendous, the shouting, the screaming, the bullying and hair pulling, and you would be constantly up and down stairs, up and down stairs, and yet we are talking about 13, 14 year olds and they are all sisters. Ahhh, in my eyes that doesn't normally happen, they do have their ups and downs, but they don't tend to start ripping chunks out of each other.

Where there is a sense that the child is personally punishing the parent, this is coded as 'persecution' (from the perspective of the parent). The distortion here is even greater, as these episodes seem to describe the parent as the *intended* victim of the child. Such episodes do not simply imply that the child is ruling the show, and the parent is powerless (like the last example) but also that the child is deliberately punishing or hurting the parent in some way. In the following example, the parent of an 11-month baby chose the following episode to illustrate how she and her daughter 'click':

And she was trying to grab my hair (pause) and (pause) she like...I was telling her "No" and she kept doing it and the look of her face...she like (pause) wanted to wind me up and (pause) play with her and... (pause) it's (pause) the look in her eye that (pause) she's like... (pause) "Oh (pause) I'm gonna (pause) like torture Mummy" (pause) and it's just that look in her face just makes me think....

This passage could also be coded as distorted mentalising (below), and also as a delusional image of anger ('the look in her eye') given that this kind of hostility is all but impossible for a child of her age.

NEEDS CHILD

This is coded for speakers whose evidence highlights their own exaggerated need of their child, rather than evidence their own parental role of meeting the child's needs. It is similar to the Role Reversal category described below of unresponsive speakers, but requires an intensely evocative need of the child. Controlling speakers enmeshed with their child, show a very clear connection to their child (an intense need), but place a burden upon them to meet needs that the child cannot possibly meet (and so these interviews will also usually show disappointment and resentment as well as evocative need). In unresponsive speakers, role reversal functions to distance the parent from the 'real' child and interact only with a fantasy child (who makes no demands upon the parent). What will therefore distinguish the two is the evocative and imaged nature of the episodes being described (which signify intense affect and 'need') combined within a narrative that distorts the child's experience. For example, the following description does not 'fit' with a baby of less than 11 months.

When [child] came over to me, someone passed her to me, she put her arms out to me and tried to grab me and then as soon as – I – she was in my arms she cuddled me and she would pat me on the back and stuff and like give me kiss.

Similarly, in the following example, the parent appears to have ‘lost’ the impact upon the child of her distress, but stresses her own need for comfort, which her child is attending to, without recognising the potential burden that may exist for the child:

*That’s what I mean, cause I was crying, cause I went out the room and I was like (cannot hear) me sitting out here trying to cool off, if you leave me a little period of time, while I cool – cool off and then go back sort of thing **right mm** erm they weren’t allowing that one **right** but like I said – (cannot hear) you have got to leave me to it, which [partner] understands it – I have to be left alone or – have a cuddle or something **yeah** whereas it’s quite nice if you are upset and [child, aged 1] gives you a cuddle as well, **but he sort of knows if you are a bit miserable he will come and give you a cuddle, he will give you a tap on the head.***

Her child is described as being the one who understands and gives her what she needs instead of the other adults.

FRAGMENTED EPISODES

Fragmented episodes, a category imported from the AAI (Crittenden & Landini 2011), are episodes told to obscure the responsibility of the speaker in contributing to the difficulties described in the episode. The selective information given emphasises the responsibility of *other people* in creating the problem, or causing the hurt. The speaker does not need to explicitly make the semantic judgement that the child is to blame for example, because the listener has only been supplied with information that could lead them to that conclusion. It is therefore indicative of covert hostility. In the Meaning of the Child it is coded particularly

in reference to the child, but fragmented episodes told in relation to partners and helping professionals are also noted. In the Meaning of the Child it typically occurs when parents offer full information about the child's negative behaviour and its impact upon them, without supplying any information as to their own involvement in the episode that might have angered the child. The following descriptions could be coded in this way:

[Child] gets away with an awful lot with [Carer]. An awful lot. She kicked [Carer] she done this to [Carer] things that I there is no way that I would put up with I wouldn't put up with being hit by anyone now including my children so yeah so that is what I find difficult I am sure (incomprehensible words)

Here we are given episodic information (e.g. she kicked [carer]) but nothing of the context that might help understand the child's behaviour. The interview continued similarly; we are told that the child 'hated' her mother for some reason, but the parent's contribution to the episode is opaque, we only have the child's bad behaviour:

Tell me about a time when [Child] was angry with you?

Probably the one that sticks in my head as the most recent was this time when she wanted to go back to [Carer]'s I can't even remember why, [Child] gets angry with me quite a lot it is something, if she has had a bad day at school she will come out in a temper erm one particular day when she hated me she wanted to phone [Carer] to come and collect her and I wouldn't let her have the phone I think it was 3 she was going back at 5

pm anyway I said [Child] no you can't just phone [Carer] and get [Carer] to come and get you just because you have not you haven't got things your own way or I can't I really can't remember what it was that she wasn't. This is the thing with [Child] something small that she might not think is anything escalates and escalates so before you know it, it is a really big massive thing and you don't even know where it has come from in the first place it is so trivial. So this particular time and she hated me and "have no rights over her" that kind of thing.

TRIANGULATED EPISODES

As with the similar category for Semantic Memory, this refers to episodes where the parent's interpretation of the child within an episode is distorted by their continuing conflict with a partner or professionals. It is important to note that it is not coded simply for reporting episodes of conflict in the past, if they are reported coherently. It is the *current* distortion of the parent's understanding of the child's experience and their relationship that is critical. In the following example, in response to the question about times when they did not click, a recent experience of the child being 'off' is named. At first some reasonable explanations of how the child might be feeling are given, (if only related to physical states, rather than true mentalising) but then the parent is unable to resist drawing his conflict with the child's mother into the equation. Especially given the very young age of the child, there is no credible reason why the history given (even if true) could truly account for what this father claims is 'the first time' he has seen him this way:

How do you think he was feeling?

Could have been tired or frustrated, or he could have just been a bit weary – in general, I, I, really don't know. Cos like I said that's the first time I've seen him be like that cos I don't know I done him. But I know before [Mother] used to drill into his head, "yer dads this, yer dads that, yer dads the other" so is he picking up on that now, is he recalling the stuff that she says, that's my concern, I just really don't know. I don't know if that's why he's being like that or if, if he was just generally tired and wanted to go to sleep and it just took it out of him or, I really couldn't tell yer.

Whilst the suggestion that it is the mother's fault is only 'thrown in' as a suggestion, the violent evocative image ("drill into his head") ensures that it is the only explanation that is given with any affective force. As with the equivalent semantic category it is also coded for episodes, which inappropriately involve the parent's need of the other parent (or loss at their separation) in their thinking about the child's experience.

SELF EXALTING EPISODES

These are episodes that distort the experience of the child and parent to exaggerate the parent's selflessness, skills as a parent, or importance to the child. The descriptions of the experiences of both parent and child are skewed so as to emphasise the qualities of the parent. The following episode would be coded for Self-Exalting as well as Triangulated:

Describe a time in the last week when you (pause) and [Child] really clicked?

Last Friday

Right

When I went to see him, he was constantly crying with mum. (pause)

(Right) then when I took over (pause) he shut up.

DISTORTED MENTALISING

The earlier example of a triangulated episode, where the parent asks, “*is he picking up on that now, is he recalling the stuff that she says?*” would also illustrate *this* category, which is coded when the parent ascribes mentalising to the child that is highly unlikely or developmentally impossible. *What is important here is that such mentalising is distorted by the parent’s anger* (either at the child, or in the present case towards a partner – or towards other figures). Bizarre mentalising that makes the child out to be ‘more than a child’ in a ‘positive’ sense is coded as “Fantasised Mentalising” (see below). Other examples would be ‘*he was winding me up*’ in respect of very young babies who would be developmentally incapable of this level of intentionality. Careful attention should be paid when parents ascribe in discourse (speech) form, mentalising, especially to preverbal infants. This is rare in normative transcripts (at least without qualification, such as the ‘*it is almost as if she was saying...*’ in one of the examples above) because it takes a leap of imagination, and a certainty about the child’s mentalising, which is usually inappropriate. For example:

Times or things she has most trouble with?

Sounds like she is now you can hear she is getting a bit distressed.

Right so being in crèche?

Yep if she doesn't know that person very well and obviously that person doesn't know her and she obviously gets frustrated thinking "well they don't want me, don't know, they [don't] know what I want."

The parent has given no good reason to think that the child could think that the person looking after her does not *want her*. This is much more likely to be the parent's own feelings of rejection being read back inappropriately into her child's behaviour. A similar phenomenon is observed in the following example, again of a very young baby:

I sit...I sit there and look at him sometimes and say, "Look [Child], you ain't gonna get your own way all the time".

Right okay...erm (pause) okay erm...

Cos if you keep picking him up, he'll keep expecting it

Right I was just gonna say so why do you think they are the things that he needs help with? You know sort of when he's trying to get your attention if you're talking to somebody else. Why do you think he's trying to get your attention?

Cos he...he probably...he's sitting there in the car seat or on the play mat thinking "Oh dad's ignoring me. He ain't (pause) paying me any attention, or showing me any love, he's talking to somebody else." He's

probably thinking “Oh he (pause) thinks more about that person than he does me.”

Another example, was the parent who thought her 4 week old baby was jealous of her ex-partner for “stirring it” (which would also be coded for triangulation).

REFUSED MENTALISING

Some speakers actively refuse to answer questions that invite them to think about their child’s experience and their own in relation to their child. To be coded here, there must be evidence of hostility, rather than simply an inability to mentalise (which would be coded under ‘no mentalising’ (see below). For example, a mocking tone (‘I dunno, I dunno, I don’t know’) or questioning the question in a dismissive, aggressive or confrontational tone. Usually the lack of answering is turned back to the interviewer in some way, as if it were the interviewer’s fault for asking such impossible questions (so as to deflect attention away from the speaker’s refusal to cooperate). Strictly speaking therefore, this is a Relationship with the Interviewer category (and so will also be coded as hostile there). However, it is coded here because of the lack of episodes that describe the child or the parents’ mental states (arising out of the parent’s refusal to cooperate with the interview).

UNRESPONSIVE MARKERS

ABSENT (LACK OF POSITIVE EPISODES)

This is a category taken from the AAI (Crittenden & Landini 2011) for times when the parent makes positive semantic statements about the child, but is unable to supply episodic information which might illustrate or evidence these. The parent will usually say something

like “*he is always like that so I can’t pick out one particular time...*” It suggests that the semantic generalisation functions to avoid looking at more difficult experience in parenting the child, and so is coded as unresponsive. The following is a good example of this:

Can you give me an example when you’ve been caring as a parent?

Caring as a parent. Um (12 second pause) Um...just caring for them in general you know. Um...up until they went, just trying to do the best by them, and that just caring for them in general. You know, you know, so they had their personal hygiene and you know just kept them to the best of my ability really.

PASSIVE/ROLE REVERSING EPISODES

These are coded when a parent supplies examples of the child taking care of *him or her* (especially if the parent seems unaware of this, or uses it to evidence how wonderful the child is or the strength of their relationship). It is also coded for episodes where the parent describes their behaviour towards the child, as more of a child than a parent. For example:

Can you describe a particular time or occasion when you were like a mother to her?

Erm, when she cuddles with me and she wants to sit on my lap and she wants to kiss. When she asks me to play with her, erm when I look at her I feel good. I feel a mother. When I look my daughter, I feel a mother.

This is given as an example of being a mother, but it is her daughter's mothering she describes (this could be coded under semantic memory because of the 'when..then' form, although episodic information is given – what can be noted here though is the speaker's preference to stay in generalised and more impersonal territory). The following sequence of episodes also illustrates this category well:

Yeah erm, the other day (incomprehensible words) and gave me a big kiss and it was just out of the blue and (incomprehensible words) last forever and I just don't know why he did it, gave me the biggest kiss and I gave him a big hug. I went "Thank you (incomprehensible words)" then he carried on playing, and I thought, how sweet.

What about staying with fun can you think of a memory that is particularly regarding fun?

Yeah we had an absolutely great time when we went to the park. Erm it was a day, just me and him and we took a packed lunch like a picnic and splashed about in the water erm played with other kids but I really enjoyed myself that day, I came back and said, "Do you know what? That memory is going to be with me for the rest of my life, that day."

So far we notice that the child is doing the hugging and making the adult feel good, and the adult is the one enjoying playing. The interview continued with another example, which describes their communication as if it were between two adult lovers rather than between a parent and child:

Describe a time in the last week when you and [Child] have really clicked?

In the last week. ..It was. It was yesterday where, was it yesterday, (incomprehensible words) and I said (incomprehensible words) he kept saying, "Mum (incomprehensible words)" and mine erm and they were watching it and erm we looked at each other and I just felt as though it was just really nice, we looked at each other, smiled and then both laughed (incomprehensible words) I thought that was great.

To be coded here, these episodes generally have an idealised rather than an intensely evocative quality (which would be classified as 'Needs Child'). The function of role reversal here is to distance the parent from the real child, and respond to a fantasised ideal child, or even ideal partner. Controlling 'needy' speakers by contrast are actively looking towards their child, needing them to be more than they can be (so these transcripts usually contain disappointment or hostility as well). Episodes that stress dependency on the child, or where the parent experiences the child as a punitive parent are better coded as 'needs child' or Negative/Fragmented (respectively) with their role-reversing qualities noted.

Where episodes do not involve a loss of the parental role (or the assumption of it for the child), but simply passivity, where the child is active player in the relationship, and the parent simply 'reacting', this can be coded simply for 'passive' parenting, rather than 'role reversing'. These passages seem to show a general lack of agency in the relationship, without going so far as to put the child in situations of parenting his or her parent.

SCRIPTED EPISODES

This is coded for episodes, or episodic information that is not personal, but rather appears to be borrowed from a script of what should occur rather than what did occur. It is given by parents as a substitute for being able to reflect upon genuine experience. Often parents have been given advice as to what to do with a child, and reproduce these in episodes, where they are repeated as if chanting rote phrases, rather than applying the advice appropriately, and describing genuine and personal effects upon the relationship:

Now thinking then about being with him, can you tell me about a time with him that you love being with him?

With [Child] **when he's awake** and he's um really, **just when he's awake** and when he's smiling and **just really ??? fidgeting about** and...I mean when he's awake and he's **got his fidgets on** (laughs happily) and he's just **generally really alert** and making those little cooing noises he's started to make so...

What about adoring him? Is there another, an instant memory that you have that would stand out?

Adoring him just from the moment he was born and that just really **adored him and that**. Just I **adored him** but it was a case of I loved him but I didn't know what was going to happen with him when it all went to court and stuff so **it** was kind of **trying to build a bond with him** but (pause) is **that bond** going to be broken by them just taking him anyway so...

I can understand that. Um...can you tell me about a recent time with [Child] that you really clicked, you know got on well together?

We clicked, was on Tuesday at contact when he moved first time, smiling as I moved my finger down his nose to his mouth and he was, started smiling and like was doing that (showing action) down his cheeks and he was really smiling at me and I was making silly little noises to him and he was smiling away at me (smiling as talking) so made me click with him

The impersonal language, repeated rote phrases, and borrowed language (also coded under Connotative language) give a scripted feel to the episode in this passage. There is so little that is specific or personal that it is not credible as an example of a genuinely joyful and pleasurable relationship. This category is also coded for episodes where the parent chooses somewhat banal and basic examples, but tries to make up for this by investing inappropriate affect in them:

Can you tell me a time in the last week when, a time when you clicked got on with him?

Umm the last week he's now trying to start to laugh umm, me and [Father] laid on the floor with him and we was trying to blow raspberries umm and he tried to laugh at us but he had hiccups so he couldn't do it, umm and that brought tears to my eyes and I remembered with the other two when they started to learn to laugh and do stupid things, cause you don't expect it not at this age that they can start doing this at this age

and it was just a shock when they do start doing it and its really nice..umm and then we laid him on his belly and he was laughing and kicking.

NO MENTALISING

This is coded for passages where mentalising is expected, but no mental states are referred to. This may occur because the parent refuses to consider the question (NB: *if repeatedly refused in a mocking, hostile, or challenging manner this is coded as Refused Mentalising as well as mocking / hostile in the Relationship with the Interviewer category as well as here*). Alternatively, the parent may answer in such a way as to mention only behaviour, physical states (tiredness, physical pain etc.), or general personality characteristics. The latter are semantic generalisations, which should not substitute for being able to understand the mind of the child or oneself as a parent in a particular situation. The following illustrates this well:

When something clicks, you know when you feel like you're in harmony together, yeah?

When he started looking at me a lot, when he sits there and stares up at me now, he really knows who I am now.

Hmmm, can you think of a particular time in the last week when you had that feeling?

When I was soothing him when he was in the bath the other day, when I was sat there talking to him he actually calmed down.

Yes, sorry I'm going to turn over now, just reminding myself, right. Can you think of a time, the opposite really in the last week when you feel that you really didn't click, when you weren't in harmony with each other

Well I've not had that problem with him.

Haven't you? You can't think of a time

No.

Hmmm even for a very short time? Cos I think a lot of parents do.

No can't think of any no

No, ok. How do you think that the relationship you have with [Child] right now is affecting his development?

It isn't. He's developing fine and gaining weight fine.

FANTASISED OR IMAGINARY MENTALISING

This category is coded in interviews of parents who, lacking a genuine connection with their child, fill the gap with imaginary mentalising. The most common examples of this are parents who talk of communication with their baby through some sort of unidentified 'look' which is required to convey all the information about feelings and mental states, which in reality they struggle to make sense of. In the following example, the "look" is clearly a substitute for genuine shared understanding, given to evidence 'knowing':

Yeah, so how did he show he was bonded to you?

When you talk to him he looks straight at ya.

Hmmm

And he looks straight at ya when you talk to him.

Ok

And he now, if you sit there and talk to him he looks straight at ya.

Right

So he knows exactly who you are.

The interview continued:

Right, yeah ok, can you think of a time in the last week, when you felt you and [child] really clicked, do you know what I mean by that?

No.

When something clicks, you know when you feel like you're in harmony together, yeah?

When he started looking at me a lot, when he sits there and stares up at me now, he really knows who I am now.

Later on this mother returned to the same theme:

How does he show he needs attention?

Just basically he looks at ya to say I need to talk, I need to play or I need you to talk to me.

How do you feel when he does that?

I feel happy, that he's letting you know what he wants

In some cases the imaginary aspect to this mentalising is more defined and clear, and the impact of trauma or loss can be more clearly seen in this process:

How do you feel when you separate from [Child]?

Erm, erm well at the moment because she is such a younger age at an early age it pulls the heart strings a lot because she is only a baby but at the moment now, I can actually sense what she is doing, she is in a home where she is safe, she is probably crawling around by now, stuff like that, or she is (incomprehensible words) [This interview was conducted when the child was being cared for by a friend, here called Jane] whatever, so and she is Jane is around there and she is contented. See I can sense mainly because the stuff the bonding with bonding with my children, the children, that I have got and I see it reassures me and it builds up that sensing as well I can actually sense I mean now. I would say my eldest is playing a sport in his playground so he is mucking around with a ball or he is having lunch I can sense that with [older child, now adopted] that he is happy and stuff like that he is contented.

The passage is instructive because the mother explains how she is reassured by sensing mental states in her children that she cannot possibly know because they are not with her at the time. The knowledge “reassures” her, at just such a point where parents are supposed to be anxious (when they are separated from and so cannot protect their children). This was a mother who had severely neglected her older children, and whilst interviewing was clearly unaware of the dangers arising from what her youngest baby (who was still in her care) was doing at that very moment.

Reflective Integration

Reflective Integration is the live process of integrating information from different memory systems to correct distortions and find new and more helpful meanings. It does need to be distinguished from Reflective Functioning (Fonagy 2006, Slade 2005), which refers to the parent's ability to understand behaviour in terms of its underlying mental states. Whilst the two concepts are related (it is difficult to see how one could integrate information from cognition and affect without the ability to reflect upon mental states), the parent's understanding of the child's mentalising is primarily classified under Episodic Memory in this system (see relevant categories above). Reflective *Integration*, as understood here, is around the identification and correction of error. Its importance in classifying the Meaning of the Child is particularly around helping distinguish those interviews where there are continuing problems and potential risk, from those relationships where there have been problems, but where things have improved, or have a good chance of improving with support. In coding terms this means making the distinction between the High Risk and Intervention categories, and the Intervention and Adequate categories.

SENSITIVE MARKERS

FRESH THINKING 'IN ACTION'

This is coded for live thinking within the interview. It is close to Mary Main's (1995) original concept of meta-cognitive monitoring – thinking about *current* thinking. Fresh reflection is evidence of the speaker thinking about what they are talking about in the interview and either correcting themselves or coming up with new insight that has hallmarks of being developed in the present (rather than either borrowed from professionals, or recycled from

past ‘understanding’). It is often signalled by phrases such as “Now I come to think of it...”, “You know, it has just occurred to me”, or the speaker’s surprise at where their thinking has led them to. There is enough detail to know that this is being thought out in the present, rather than brought in as a script from the past, or from someone else. The following illustrates this process of thinking in the interview and then following the implications:

How do you want to be like and unlike your mum as a parent?

I will never be like my mum. Say never, I already am aren't I?

Erm you were like your mum before.

Erm yeah, not I wasn't all like my mum, the way I was like my mum before was that when I got down everything got down around me, but I never ran, I stayed there and pretended it was okay rather than running away and leaving them on their own. I pretended it was all okay. Erm, but then I loved someone that was violent, my mum did that, my house was a mess, my mum's house used to be a mess with me,

What is important though is that a) discrepancies are highlighted, and b) the process leads to new understanding and the correction of error or distorted thinking. Crittenden and Landini's (2011) Failed and Inconclusive meta-cognition markers highlight the situations of speakers who identify the problems, but cannot bring themselves to draw the expected conclusion, as it is forbidden by their attachment strategy. In such cases the highlighted discrepancy is simply dumped rather than any new understanding reached.

HISTORICAL CONNECTIONS

This is coded for speakers who are able to make connections between the past and present in meaningful and interesting ways. Past problems have clearly been thought about in ways that might be supportive of change. Whereas the previous category is coded for live thinking and highlighting discrepancies within the interview, this may be coded for evidence of reflection that has been going on previously, perhaps in response to difficulties or problems that have occurred in the relationship. However, it is important that this is not scripted or 'stale' reflection which is simply 'wheeled out', regardless of its current relevance, but rather is the result of continued thinking about the issue being discussed. The following passage shows evidence of this (although in fact drawn from an AAI). Whilst perhaps a little idealised, this passage does recognise complexity in that this mother is able to recognise distinct and significant ways in which she is both like and unlike her own mother to her daughter:

Thinking over all you have told me what do you think you have learnt from your experience as a child?

Ohh,this is really difficult, erm don't know what it would be really, even though I have kind of made the same mistake my mum did, I have not exactly made the same mistake my mum did, like I have not left [child] completely, do you know what I mean? I may have you know got [kinship carer] to look after her for a while, but I have never left her. I have always been here and I would never just leave her and move like to somewhere else in the country, do you know what I mean? I have always

been here for [child] erm I have always wanted [child] back, which I don't think my mum did with us. Erm, mainly because I know how I felt growing up and not having a mum around erm and I don't want [child] to not have me around. Do you know what I mean? So that I have learned, I think I have learned, that you know from the things that my parents did that I didn't like, that maybe I have without realising repeated it, kind of not done it completely the whole hog, do you know what I mean? I have tried to rectify it in some ways, I many have done it without acknowledging the fact that I have done it, but then I thought, "Well hang on, I didn't like that", do you know what I mean? So tried to put it right erm (incomprehensible words) I don't know (incomprehensible words) do you know what I mean?

AWARENESS OF PROBLEMS

This is coded for the extent to which the speaker seems aware of difficulties the coder has discerned from the interview. In otherwise sensitive transcripts it is coded for the speakers' willingness and openness to talk about the normal frustrations of parenting, and everyday difficulties. That is, the speaker shows evidence of identifying problems and resolving them for the child and the relationship. Where significant difficulties are noted by either the speaker, or inferred by the coder (from the presence of other markers) then the speaker's ability to identify them and think about them is coded here. The following examples illustrate:

What about when you get angry with him, talk about that, do you get angry with him much?

I used to yeah, because I didn't have much patience and time for him, I didn't spend time doing stuff with him or even like listening to him, I was too busy doing what I was doing. Um, so when I did get angry I just used to snap and just lose it sort of thing.

Right, so what effect did that have on him do you think?

It didn't help him at all he probably never knew what mood I was in. He probably, I don't know, he was probably, a bit wary, and a bit scared of me, because he never knew if I was going to flip out at him or, do you know what I mean?

The difficulty in examples such as this one is distinguishing between the parents who recognise problems *in the past* but then seem to be assuming that things have miraculously changed (i.e. stating that there is no problem now without evidencing a process of resolution), and the ones who are realistically positive about the future. One indication is that the parent is specific and detailed about the past difficulties; here, this mother is able to identify the effects upon the child of her behaviour with some complexity (rather than simply accepting professional judgement that it was bad). Another indication is that realistic and appropriate changes are identified.

SEARCHING

This category is only coded where the speaker is aware of significant difficulties, which are unresolved, but where the speaker is actively searching for a solution. Even if new understanding is not yet gained or not fully gained, the fact that the parent is using the interview and interviewer in a genuine way to try and find answers is significant information which may possibly allow the possibility of therapeutic support. This category is designed to pick up interviews that might seem worse than they are, because the problems are lived out in the open, and possibly even exaggerated to highlight the parents' need for support. The speaker may not be aware of everything, but the very fact that they are so open and detailed about them may indicate that they are preoccupied by their desire to resolve things. It should therefore distinguish the interview from those where the parent is deliberately or unconsciously hiding the problems. For this reason, this is rarely observed when the Meaning of the Child is conducted as part of a court assessment, as the stakes are so high. It is expected that professionals supporting struggling families in the community will encounter this kind of interview more frequently.

CONTROLLING MARKERS

ABSENT / REFUSED

This is coded where the speaker is unable or unwilling to look at anything negative in their relationship with their child, and/or is unable to reflect on any information that might challenge, or is discrepant to their general conclusions and opinions. Particular attention is paid to the questions that invite reflective integration, such as the questions about the connection between the adult's parenting and their own experiences of being parented.

This category is intended to highlight difficulties rather than distinguish between Controlling and Unresponsive parenting, and so where it is placed is dependent difficulties identified by the other categories.

RATIONALISING [OF HARM*]

This describes parents who use apparent reflection simply to justify and reinforce their dominant perspective, and exonerate themselves from blame. The following passage was quoted earlier for its triangulated quality, but it is a good example of rationalisation in the way in which apparent reflection on past behaviour is in fact used to blame others and justify the self. It is full of the statements that parents' often use in reflecting, but ultimately is anti-reflective, and he is shifting responsibility for harming his child.

I should have done more to stop her acting the way that she did around my child. I should have walked away, first time, not kept going back because my boy would not be in this situation. I feel a lot of it lays at my feet, I do and that's honest. It hurts me to say it, it kills me to say it, but I've gotta be truthful, cos if I'm not truthful with myself, I'm not gonna be truthful with anyone else and it's so hard for me to say but I do, but I feel like a shit parent, I do, cos on the sheer basis I could have stopped all this from happening, I could of, like that, could have solved it all by walking away but I, I couldn't leave my son, I just couldn't do it, if my son would have come with me, maybe it would have been different, we wouldn't be in this scenario but she wasn't prepared to let him go.

The extent to which this marker would be seen as high risk, is determined by the level of danger that is being excused. The passage quoted, which relates to a relationship involving violent conflict between the parents, would clearly fall into that category.

REVERSAL STRATEGY

This is another category which occurs in both Controlling and Unresponsive transcripts. It is coded for parents who define their own parenting as the exact opposite of what their own parents did.

Moving on, we've talked a bit about your experience of being parented by your Mum and Dad, you've brought that into this conversation quite a bit as well, how do you want to be like and unlike your Mother as a parent?

I don't want to be like her at all, I just, I don't, I don't want to be like her in anyway neither. I wanna be me and bring my son up how, I think I should have been brought up, I think there's certain things that I could do for my son that should have been done for me and I may have been a different person

What about your father, how do you want to be like him as a parent?

I don't. Full stop. Don't want to be like him. I'm gutted I look like him to be fair.

The problem with this kind of reflection is twofold: *Firstly*, the parent may swing from one extreme to another (for example, from neglectful to punitive punishment, or the other way

around). *Secondly*, and often the more dangerous issue, is the fact that with so much invested in being the opposite of their own parents, the parent is unable to reflect upon even *small ways* in which they might resemble their mother or father. In this way the parent is deprived of a safety valve, the ability to notice problems before they become too great, and so act to resolve them.

Some parents who have struggled in the past also employ a kind of self-reversal strategy, doing everything differently now from what they did in the past:

So you are changing it now with [Child]?

*Yeah. So I am doing that now, **changed everything, I have changed the way that I am**, I have changed not being in a violent relationship I have choose to walk away, for myself and my daughter, erm I have changed because I am not weak anymore I am getting stronger. So. Because I am changing [child] is benefiting because she has got me stronger rather than me being weak.*

We have spent some time looking at what it is like to be a parent, your experiences of being parented and your relationship with [Child] is there anything you would like to add that would help us to understand you know as a parent or feel we should know about your relationship with [Child]?

No cause everything good with me and [Child] (laughing) yeah no nothing. Everything is good, not comes out the top of me head anyway.

The problem here is that this blocks awareness of even small ways in which this mother's care of her daughter may in fact resemble her parenting in the past. Positively, she *is* able to name some specific steps (beyond saying she has changed everything). However, it is clear that she needs to drive an unbreakable wall between past and present, which will prevent her spotting connections or discrepancies (as of course, it cannot be the case that *everything* is good).

IDEALISED 'MAGIC' FUTURE

Some controlling (especially more passive and needy) transcripts show an awareness of problems in the past, combined with unrealistic expectations of an ideal future. It is a construct again borrowed from the Adult Attachment Interview:

When the future is idealized, the speaker both fails to articulate clearly the nature of the problems to be overcome and also claims a future solution to them, without articulating a process that could yield resolution. It is though [such] speakers believed that suffering long enough and refusing to give up on a problem gives one rights to a solution. (Crittenden & Landini 2011, p. 101)

In the Meaning of the Child it is coded in interviews that acknowledge or refer to difficulties in the past, but do not articulate fully or with any complexity what the problems are, or what their own responsibility as a parent is in the process of change. An idealised future is therefore imagined without any credible process of how it might be achieved. In the following example the speaker imagines a future without social services but can't articulate anything actually that would happen to alter the reasons why social services became

involved. The message is that he wouldn't change anything but things would simply be better, as if by magic.

We're coming (pause) very near to the end now...I've got a couple more questions. (pause) If you umm... (pause) had the experience to do all over again, and become a parent...(pause) what would you change? What would you keep (pause) about what's happened (pause) from your experience and what would you change about it...?

(4-5 seconds silence)

I wouldn't (pause) change anything... (2-3 seconds silence) I mean (3-4 seconds pause) I mean this, this....I'm one of these people that you know...what happens, happens for a reason or whatever so...I don't know what's going on at the moment...(pause) but something's happened (2-3 seconds silence) and (pause) I'm trying to think... (2-3 seconds pause) no I wouldn't...(pause) I love that boy to bits...you know and people can keep bringing up that....(pause) maybe the DNA issue and other things (pause) but... (pause) that's just paperwork Social Services love so much... (pause) As far as I'm concerned that, that boy [child] is my son...and (2-3 seconds silence) and I love him... (2-3 seconds pause) I love him and I wouldn't change any of this...(pause) What I would...would if I had a chance to change is... if I could then...(pause) if Social Services never got involved... (pause) you know he'd have come home with us from the hospital.... (2-3 seconds pause) And then everything would have been okay from there....

In the example below, a different partner is seen as the idealised rescuer, but no process of change, or recognition of any role in change is recognised by the speaker:

I think (pause) okay... (pause) I think...well yes. (pause-confused) What would you change? What wouldn't you change? I'm getting confused now. (pause) What wouldn't you change? Yes what are the things that you're glad about that you wouldn't change?

Erm...

About the experience?

Well (3-4 seconds pause-thinking) I don't think there is anything though because (2-3 seconds pause) (Mm) I would change...cos if I changed, picking [current partner] over [previous partner] and saying yes to [current partner] the first time he asked me out (pause) (Mm) then (pause) we wouldn't be in this situation and [child] would be at home so...

Yeah

So it wouldn't be... (pause) anything that I'd need to change.

The confusion in the speaker is reflected in the interviewer's confusion as to what is being articulated.

STEREOTYPED / BORROWED REFLECTION

This refers to *apparent* reflection upon difficulties, which is in fact simply the recycling of social norms or stereotypes (Stereotyped Reflection), or borrowed from professionals (Borrowed Reflection). In both cases, the apparent reflective statements are not the product of true reflection upon the parent's own internal experience. The category is distinguished from the Borrowed Semantic Judgements, because the thinking is used as a substitute for reflection upon past difficulties. It therefore often occurs in questions where this might be expected "*Is there anything you want to change about...*" or "*How do you think your relationship with [Child] is affecting his personality?*" The following is an attempt to appear to have reflected on past problems, but the limited personal observations are very superficial, and instead it is a pastiche of borrowed professional observations. This mother knows that her anger has been a problem, but does not really know what she is angry about, and why she gets angry with her children:

Your experience of being a parent? Is there anything you wanted to change?

Um...I wouldn't change having the kids, but I would change the (pause) the timings of having them or probably um... only had two rather than (pause) 4. (pause) but I've (pause) the mistakes I made with my 3, I'm doing my best to put you know, I made the decision for my 3 [decision to allow her older 3 children to be adopted] so I could put [Child] first and all the concerns that were surrounding my 3 to give ??? to safeguard [Child]

and that and (pause) *I've learnt a lot like with like being on the 1, 2, 3 magic course* and that, because um (pause) before the discipline with my eldest wasn't working and now I can get to maybe 1 or 2 with him and he will stop what he is doing, and but he knows when I get to number 3, that he has to have his time out, and it is generally working with him and the younger two as well and [Child] as and when he gets you know and carry on the same with [Child], as and when he gets older and *the Raising Children's Course* as well with my anger management, now I can control my anger, you know, I know when I'm getting to the point of when I need to leave the room.

Why do you think your anger was so bad?... such a problem?

I think I was just...*I think I was just so cross with myself* about (pause) ruining...ruining the relationship with the kid's dad by having the affair and um (pause) in a way letting it off on the children, because I kind of felt I'd like taken their dad away from them by having an affair and us splitting up (pause) and that (pause) but since I've controlled my anger, and that *it is so much better because I can just focus on things a lot more now than what I could before*, cos after the children went (pause) I was just...I was just like (pause) I need to work to get them back *but I need to get my anger sorted out too because if I don't get my anger sorted out then there's no point me working with (pause) the professionals and that, to work towards getting them back.*

The extent to which this category indicates risk is based on whether (in the case of Stereotyped Reflection) it is seen as simply rather canned from what is normal in society, (but the parent has still taken something from society around them that is relevant to them and their child); or, more concerningly, the extent to which it is borrowed and put together from professionals, *but internalised as if it defined the parent's own experience* (Borrowed Reflection).

FUTILE

Futile reflection is that of depressed speakers who are relatively open about the problems but cannot envisage a solution, so that their reflection is ultimately unproductive (and likely to lead to withdrawal from the child). The speaker below is insightful and imaginative in the example given, but ultimately cannot use this to find a way of his predicament:

Honestly I don't really think I ever really have those kinds of thoughts where I want people to take care of me, it is usually the opposite I don't want to care about anything which, some people may take that as quite a selfish answer but in my mind it is not it is something where ahhhhh, its err an example for me would be if I had an old car a really old car and the same thing would be going wrong continuously but there was no replacement part for it no way of fixing it otherwise you all you can do is keep repairing the same thing over and over and over. You get to a point where you just sort of give up and you have to step back and just leave it alone completely for a bit and then you will probably get either a fresh incentive some time later and will start again and just start going over

the same monotonous routine again or you will just give up completely.

So...

The 'So....', trailing off, is not a failure to bring an episode to a semantic conclusions, for the whole example is an incisive semantic (generalised) summary of the speaker's condition. Rather it reflects the failure to bring it to a productive conclusion, one that might offer a solution or a helpful way of acting.

EXAMPLE CODING SHEET

Parent/Family Name: **EXAMPLE CODING SHEET**

Age of child:

Interview Date:

PDI (MEANING OF THE CHILD): EXAMPLE CODING SHEET VERSION

PROCEDURAL MEMORY

Relationship with the Interviewer

Sensitive: Open, Exploratory, Cooperative

Controlling: Seeking Ally, Hostile*, Self Justifying [Self-Glorifying*], Helpless[†], Paranoid / Suspicious*

Unresponsive: Unconnected, Compliant, Defers to Int*, Spectator*, Depressed*

Expressed Affect:

Sensitive: Moderate and appropriate, Pleasure, Affectionate humour, Sincere Affection

Controlling: Exaggerated Affect, Unresolved Anger, Mocking, Sighs (when talking about child), Sarcasm, Distorted Positive*

Unresponsive: Flat Affect, Adoration*, Sad

IMAGED MEMORY

Sensitive: Personal and 'Fresh', Balanced, Warm, Animated Affectionate Images

Controlling: Trivialising/ Belittling, Hostile, Exaggerated / Delusional* Images of Anger/Fear/Danger/Comfort/Loss

Unresponsive: No images, Bizarre/Imagined (fantasised)*, Images of loss/hopelessness

CONNOTATIVE LANGUAGE

Sensitive: Lively and Appropriate, Moderate

Controlling: Intense, Evocative (negative), Violent, Dismissive, Derogatory/Profane*

Unresponsive: Absence of Needed Affect (ANA), Clichéd or Rote, Artificial & Technical, Eulogising language*

SEMANTIC MEMORY

Sensitive: Nuanced, Balanced, Child Specific Understanding

Controlling: Child Blaming, Undermined Positive, Derogating*, Self Exonerating [of harmful caregiving*], Self-Serving (Grandiose*), Enmeshed, Triangulated blame*

Unresponsive: Idealising, Abdicating PR (Helpless)*, Role-Reversing, Borrowed*, Stereotyped, Concrete and Physical

EPISODIC MEMORY

Sensitive: Balanced, Rich and Personal, Child in Mind, Appropriate Mentalising

Controlling: Undermining, Child in Control (Persecution*), Needs Child, Fragmented, Triangulated*, Self Exalting Episodes*, Distorted Mentalising*, Refused Mentalising*

Unresponsive: Absent (LPE), Passive/Role-Reversing*, Scripted, No Mentalising*, Fantasised Mentalising*

REFLECTIVE INTEGRATION

Sensitive: Fresh thinking 'in action', [Historical insights], [awareness of problems], [searching]

Controlling: Absent / Refused (in negative tx), Rationalising [of harm*], Reversal Strategy, Idealised Magic Future

Unresponsive: Absent (in idealising tx), Stereotyped, Borrowed*, Rev. Strat, Futile*

OVERALL CLASSIFICATION

Sensitivity / Risk:

Pattern:

[†] May indicate controlling withdrawal pattern

*Indicates High Risk

SECTION C:

VALIDATING THE MEANING OF THE CHILD

The Nature of the Validation Study

The overall methodology for the Meaning of the Child, and the assumptions and rationale behind it are outlined and explained in Chapter 8 above. This chapter deals with the methodology of a validation study within the quantitative research paradigm, the accepted standard within the field of researching adult and child attachment relationships. In Chapter 8 however, it was noted that this is an exploratory study, with irreducibly interpretive elements arising out of the nature of the methods used, and the driving purpose and intended use of the research within a clinical and forensic setting. Accordingly, as explained in Chapter 8, a more interpretive approach is offered in the discussion of the results and its implications in Chapters 13 and 14, following the statistical analysis. However, this chapter is concerned with the process of statistically validating the classifications yielded by the Meaning of the Child in relation to other procedures whose validity is already established.

The Composition of the Sample

The 'Meaning of the Child' system was developed whilst the writer led a multi disciplinary team carrying out assessment and intervention in cases of child protection, and where families are struggling (usually, but not exclusively involved in the family justice system). The service operated as part of a voluntary organisation providing services to families in three settings, day, residential, and community Children's Centres. This service ceased in 2012 owing to the collapse of the voluntary organisation itself, but the work has carried on through the writer and colleagues continuing on an independent basis.

From this work, conducted over 4 years (2009 -2013) an 'at risk sample' has been created of 62 parents of children 0-3 years, who were being assessed in regard to perceived risk in their parenting. 36 of this sample were mothers, and 26 fathers. The sample includes parents who were being assessed residentially with their children, and those who were assessed on a day basis (in some cases with their child living in foster care). These parents came from Peterborough, UK and neighbouring counties. Most were white, and from an urban, economically disadvantaged population. 30 of the parents in this sample were heterosexual couples (15 couples).

In addition, a normative sample was identified, consisting of 23 first time mothers in Texas, US¹⁰, who were part of the sample used in the research of Strathearn and colleagues, which predominantly focussed upon the use of the AAI and brain imaging (Strathearn et al., 2008, 2009). However, whilst the Parent Development Interview and the CARE-Index procedures were carried out as part of this research, they were not classified or used in Strathearn's studies. This sample was again mainly white, but drawn from a university population, coming mostly from educated, 'middle class' families.

¹⁰ 1 UK normative mother and 3-year-old child has been added from an interview supplied by a course participant as part of their training. It is hoped that further may be added in the future as these are provided in order to 'grow' the normative sample.

The make-up of the overall sample avoids the problem noted by Shmueli-Goetz and colleagues (2008) in their validation of the Child Attachment Interview, that most attachment measures hitherto had been developed on small middle class samples. As an example of this, Solomon, George, and De Jonge's (1995) validation of the Story Stem procedure with 6 year olds is from a sample of 52 parent/child dyads, where the parents were mainly university educated, with above average earnings. The issues arising out of this focus on safe populations for both the Strange Situation Procedure and the Adult Attachment Interview itself, led to the later identification of the 'Disorganised' category of attachment to cover the interviews/videos that did not fit the original system (Main & Solomon 1990). Arguably, this history may have contributed to the problems of this classification: namely, that 'Disorganised' attachment (along with the 'Cannot Classify' category) appears to 'mop up' those that don't fit the system, rather being a construct with the potential to adequately explain the functioning of 'at risk' relationships and discriminate between them.

Following the example of Shmueli-Guetz et al. (2008) and George and West's (2001) validation of the Adult Attachment Projective Procedure, both an 'at risk', and a normative sample have been put together for this validation project. In addition, these samples vary culturally. Uniquely, it appears, in studies of this kind (see Chapter 6 above), individual interviews with fathers were also included in the validation study. Whilst for some, a focus on the caregiving system as a construct necessitates perhaps mothering to be looked at separately (George & Solomon 2008); here, the 'meaning of the child' seen in the context of self protection, gives no reason to exclude fathers from the study (again, see the discussion

in Chapter 6 above). Owing to the use of Strathearn's sample for the normative interviews, fathers were only present in the 'risk' sample.

The cross-cultural issues involved in coding the US sample both raise difficulties for *and* support construct validity. CARE-Index coders are trained only with videos from their own culture, although subsequent advanced seminars are cross-cultural. Only UK based coders were available for this study, in both the classification of the CARE-Index, Parental RF and the Meaning of the Child (see below). However, this also provides a test of whether the constructs involved in these measures can have cross-cultural applicability, or whether they are overly embedded with cultural norms (around parenting for example). Certainly the process of coding, and double coding these interviews (see below) was the subject of much discussion among those involved. However, it is also true that the US mothers were mainly white, educated parents, whereas the 'at risk' sample were from a much more disadvantaged status. Paradoxically, it was perhaps sameness (the assessment of educated mothers well versed in child development theory) rather than difference that presented problems with a few of the interviews concerned.

Whilst both normative and 'at risk' parents were used in the validation study, it is fair to say that this study may to some degree reflect the problem of generalisation noted above in reverse, given that the system was developed from 'at risk' interviews and then used later with a normative sample. The overall sample is also heavily weighted towards the 'at risk' interviews. This difficulty arose out of necessity rather than choice; however, it also reflects the fact that the system has been developed as a tool to discriminate and understand 'at risk' relationships. For the most part, the results can determine the extent to which this affects the validity of the system. However the fact that all coders including the researcher

have been trained on 'at risk' interviews probably did contribute to the need to recode 2 interviews of the normative sample (see below). Currently, consent exists only for 1 normative interview to be used in the teaching of others, creating the reverse problem to the Parental RF system (Slade et al., 2005a), where the teaching manual and interviews, and reliability test, contain only normative and 'mild' clinical interviews¹¹. The issue of generalisation (external validity) is discussed further below.

The overall sample size (85) is consistent with similar validation studies. For example, it is more than the 52 dyads that Solomon, George, and De Jonge used to validate their attachment story stem procedure with 6 year olds (a further 17 were used to develop the procedure itself), and the 75 used to validate the Adult Attachment Projective, but considerably less than the 226 used by Shmueli-Goetz and colleagues to validate the Child Attachment Interview (Solomon, George & De Jong 1995, George & West 2001, Shmueli-Goetz et al., 2008). Whilst other interviews were used to develop the system and manual, it is also true that changes were made to the manual during the evolution of the 'at risk' sample. This issue is discussed further below.

¹¹ This was correct when the researcher trained and was awarded reliability in May – June 2009

Measures used by the Validation study

The study comprises of 85 parents and children¹², aged 0 – 3 years, including children from “at risk” and normative populations.

The following procedures were carried out with each family:

1. **The Parent Development Interview** (Aber et al., 1985 - 2003) was given to the child’s primary caregiver (both parents where possible in the risk sample). This semi-structured interview was modified in respect of the ‘at risk’ sample, to take account of the context in which it was used (see below). This has been classified both for the ‘Meaning of the Child’ (the system being validated) and for Reflective Functioning (Slade et al., 2005a).
2. **The CARE index** (both infant and preschool child versions, [Crittenden, 2007]) were undertaken between the child and the parent(s) who gave the Parent Development Interview (PDI).
3. **The Adult Attachment Interview** (George, Kaplan & Main 1985, modified Crittenden) was also given to many of the parents involved in the study. However, it has not been practicable to classify the Adult Attachment Interviews in respect of sufficient interviews

¹² Some PDI interviews relate to more than one child, of which the youngest has been used for the purpose of the CARE-Index. In most cases these were ‘at risk’ interviews of parents who had ‘lost’ earlier children to be fostered or adopted elsewhere.

to inform the study as a whole. However, the AAI's were used to inform the development of the procedure as well as in individual cases, and this is seen in the case example material.

4. **Demographic and other data was** drawn from case history and basic information was collected at time of interviews. Again, other than gender, there is not sufficient statistically comparable data for this to be used for statistical analysis, however, again, aspects have informed the case example discussions.

This choice of procedures in validating the Meaning of the Child is explained below.

Choosing and Adapting an Interview for the Meaning of the Child

The coding system has been used with a number of semi structured parenting interviews available, including 'the Working Model of the Child Interview' (Zeanah et al., 1986, Zeanah, Benoit & Barton 1986), the Parents Interview (Crittenden, 1981a), and an interview developed ourselves. The method does not require a particular interview, but is able to use any interview that calls for a parent to reflect upon their child and their relationship with the child, and which also elicits information from different memory systems. Nonetheless, the Parent Development Interview (Aber et al., 1985 - 2003) was selected for the validation study. Principally, this was because the interview has been revised for use with the Parental Reflective Functioning Scale (Slade et al., 2005a), which was one of the measures used for comparison with the Meaning of the Child (see below), and so its choice allowed the one interview to be coded for both measures. However, the interview is also comprehensive in that it covers systematically the parents' perception of the child, their relationship with the child, their perceptions of being a parent, and their experiences of being parented (and its

relationship to parenting) without being overly long (which is a criticism that could be levelled at the Working Model of the Child Interview).

Some amendments were made to the interview on account of its context in the assessment of families involved in child protection proceedings. The question 'Has there ever been a time in your child's life when you felt as if you were losing him/her just a little bit?' was removed, as it was considered inappropriate for parents who had or were at risk of actually losing their child (and there were other questions that adequately dealt with the parent's feelings about separation from their child). In addition the original interview calls 4 times for evaluative words, and then specific episodes to illustrate them. Not only was this found to be a somewhat laborious process, but, as parents from 'at risk' samples frequently struggle with this, the question tended to make them overly and unnecessarily anxious or angry. 2 of these were converted to more general questions (e.g. '...could you describe your child for me?', rather than 'could you get us started by choosing 3 adjectives that describe your child?'). In addition, the question, 'When you are with [child] and look at [child] is there anyone s/he reminds you of? How does that make you feel?' was added, to get at the issue of the meaning a child may hold in the light of other relationships (e.g. a violent ex partner who is also the child's father).

The normative sample, as it was conducted by others, and agreement to use it was given after the event, was conducted using the standard PDI. Whilst in some respects the difference is not ideal, it does to a small degree test the contention that the coding procedure is independent of the interview used. More importantly, some provision of adapting the interview to the research or clinical setting is usually necessary, and it would not be especially practicable to have a measure that was dependant on using precisely the

same interview. This is especially the case for semi-structured interviews, which are in part dependent on the choices made by the interviewer, and so no 2 interviews are precisely the same.

Training of Meaning of the Child Coders

In addition to the training of colleagues in the measure, following the presentation of the system as a poster to the 2010 conference of the International Association of Attachment (IASA) in Cambridge 2010, in 2011, a training course was developed, training 19 multidisciplinary professionals who were part of a West Midlands Child and Adolescent Mental Health Service (CAMHS) partnership. This training course has since been developed and is now taught annually for NAGALRO (the professional association of Children's Guardians and Independent Social Workers) and as part of the University of Roehampton's MSc in Attachment Studies. The use of the system by others, and the testing of the manual, have helped its development and also contributed towards the validation of the system as a replicable construct (see below). A reliability test has been developed for inter-coder reliability (see also below); and at the time of writing, 7 participants have been trained to be reliable in the measure, and 7 are in the process of working through the reliability transcripts.

Timing of the Measures

There was some inconsistency regarding when the different measures were carried out. With the 'at risk' sample, when the interviews were carried out as part of day assessments, they were carried out on the same or the following day as the CARE-Index. When the interview was carried out as part of a residential assessment, both the CARE-Index and the

PDI were commonly carried out within the first 6 weeks of the residential assessment. Although a second CARE-Index screen was also carried out at the end of the 12 week residential assessment the results of this screen were not used, as it was the one furthest from when the PDI was carried out, and also the one most likely to be influenced by the intervention carried out by the residential assessment. However, it was also true that many of the children coming into the residential assessment had been placed with foster carers prior to this, so it is possible that some of the CARE-Index results were influenced by the child's transition from foster care to being cared for by their birth parent. In the case of the normative sample, the PDI's were carried out some 3-6 months after the CARE-Index screening which may have allowed for differences resulting out of the impact of external issues (for example the influence of the mother going back to work, and of day-care, on the PDI discussion).

Ethics

The normative sample was part of a larger voluntary study recruited by Dr Strathearn and his colleagues where the measures used in this study were undertaken in the context of a variety of measures and procedures (including fMRI scans) taken over a 12 month period. Strathearn and his colleagues have already published and presented on data from this sample (Strathearn et al., 2008, 2009), although the PDI and CARE-Index data was not coded or used by Dr Strathearn's team. Appropriate consent was given by the participants. All data was anonymised, and identifying information was removed from interview transcripts.

The 'risk' sample data was derived from interviews conducted by the researcher and his colleagues in the context of work in the family court and child protection system. Most

were carried out in the agency's residential units, where families resided for 12 weeks for the purpose of assessment of their parenting. No measures were carried out directly for the purposes of research; rather, information was used after the event, from parents and children where the measures being used in this research were carried out for the purpose of assessing or working with the family. Therefore, no parent or child undertook any procedure for the purpose of research that was not already part of his or her assessment or therapeutic work with the researcher's agency.

In addition, at the outset of every piece of work, consent was/is routinely taken for the recording and transcription of the attachment interviews, and the video recording of the CARE-Index, with the option of allowing this material to be used for the purpose of teaching and research. The potential uses of participant's data was discussed at the outset, where it was made clear that allowing their videos or anonymised transcripts to be used by the research would have no bearing on the participant's work with the agency (and could be withdrawn at any time). Generalised feedback taken by someone not part of the assessment¹³, as well as the fact that many parents exercised their freedom not to allow their material to be used in the research project, ensured that the process of consenting or otherwise was free and without pressure. Consent of the instructing agency (usually the

¹³ This feedback process was undertaken where practicable, with most but not all families.

Local Authority) was given in the process of commissioning work. All appropriate and practicable safeguards were taken for the anonymisation and protection of sensitive data.

Thought was given to the adaptation of the measures used, in particular the Parent Development Interview to minimise the stress involved with families who have experienced trauma and loss (most of the 'at risk' sample). Appropriate modifications to the PDI were made, as has already been discussed.

The procedures were given as a part of a wider assessment process, which allowed time for parents to be put at ease, for the processes to be properly explained, and for questions to be answered. This also allowed for discussion after the measures were administered to allay anxiety and offer support to families if required.

Coding and Classification

All the Parent Development Interviews in the study were coded by the researcher for both Reflective Functioning¹⁴ and a 'Meaning of the Child' classification, blind to the classification of the CARE-Indexes, which were coded separately by colleagues reliable in this measure. 11 interviews of the normative sample (approximately 45%) were blind coded by a colleague (and differences resolved by discussion). Statistically significant inter-rater correlations

¹⁴ The researcher is a trained and reliable coder of Reflective Functioning in the Parent Development Interview.

(using Pearson's R, as the data was parametric) were found for Sensitivity/Risk (coefficient = 0.76, $p = 0.007$), Control¹⁵ (coefficient = 0.65, $p = 0.031$), and Unresponsiveness (coefficient = 0.69, $p = 0.019$), as well as for Parental RF (0.82, $p = 0.002$).

The 'at risk' PDI's were not blind double coded, as many of them were coded in the presence of the team for the purposes of teaching and development. However, this process did allow for challenge and the resolution of differences. The same is true in respect of the CARE-Index codings, where 10 from the normative sample (approximately 40%) were blind double coded (and differences resolved by discussion), but owing to the practice of coding as a team, double blind coding of the 'at risk' sample was not possible. In the case of the normative sample, two PDI interviews where there were significant discrepancies were re-coded.

It was also not possible for the Reflective Functioning score to be blind coded in respect to the Meaning of the Child, as the interviews were coded for both simultaneously. The

¹⁵ Please see discussion in Chapter 12 in respect of whether the Meaning of the Child Negative patterns (Controlling, Unresponsiveness, and Unresponsive and Control) are ratio or categorical variables, and the rationale for converting them into the former, creating ratio variables for Control and Unresponsiveness, although this is something of a simplification. The slightly lower correlation coefficients are unsurprising in this context, given also that they are also related to the Sensitivity scale, such that errors in one will lead to errors in the other.

researcher had/has no access to coders trained in Reflective Functioning in the PDI who are not also trained in the Meaning of the Child, which would be necessary for this. It is accepted that the correspondence between Sensitivity/Risk in the Meaning of the Child and the Reflective Functioning scores may be artificially heightened by simultaneous rather than blind coding process; for this reason the relationship between the RF score and the CARE-Index is explored in the result in order to establish the distinctness of the two measures (Hypothesis 4, see below).

Validity and Reliability

CONSTRUCT VALIDITY

The project aimed to assess the construct validity (or ‘measurement validity’ - the extent to which the procedure measures what it is supposed to measure) of the Meaning of the Child procedure by assessing its correlation with both the CARE-Index and Parental Reflective Functioning Measures.

Of this, the CARE-Index is the most critical as the Meaning of the Child purports to measure at the level of representation (in parental discourse) what the CARE-Index measures in observation of parent-child interaction. There are more than 40 publications supporting the validity of the CARE-Index (see Farnfield et al., 2010 for a review).

The predicted correspondence between the CARE-Index and the Meaning of the Child is established in Hypotheses 1 and 2 (below).

Construct validity is further established in the coherence between Parental RF (Slade, 2005) and the Meaning of the Child Risk/Sensitivity (Hypothesis 3 below). Reflective Functioning is

considered a characteristic primarily of the parent rather than a particular relationship, and so can be assessed in the AAI as well as the PDI (Fonagy et al., 1998, Steele et al., 2008). Following the discussion of the transmission of attachment developed in the preceding chapters, (see especially Figure 1, on page 110) parental RF is seen as a mediating factor 'between' the AAI and the Meaning of the Child. However, whilst the Meaning of the Child construct is intended to have more 'breadth' than the RF scale, for example, picking up on the affective side of the parent-child relationship, and specifically addressing conscious and unconscious memory systems (see Chapter 9, in the Coding Manual), the concepts are related. Convergence is seen especially in the construction of risk as level of simplification/distortion, and therefore some correlation between the RF scale and the level of Sensitivity/Risk in the PDI is expected. If these theoretical understandings of the relationship between these measures is correct, the Parental RF scale will be related to CARE-Index Sensitivity, but not so closely (Hypothesis 4). This Hypothesis is also designed to distinguish the Meaning of the Child from the Parental RF scale.

EXTERNAL AND DISCRIMINANT VALIDITY (GENERALISABILITY)

It is also necessary to establish the extent to which the validity of the measure can be generalised beyond its immediate context (Creswell 2009). This is particularly an issue for a measure that has been developed with an 'at risk' sample. Just as the question of the applicability of attachment measures developed for safe, educated and advantaged populations, the reverse question as to whether a measure developed by looking at the interviews of an endangered, struggling population can say anything about the relationships of parents living in safe conditions. Part of the purpose of the measure is to identify risky

relationships, and so its validity cannot be established by studying only relationships thought to be at risk.

This is established firstly by the use of two very different samples, separated by both risk status (normative, and 'at risk'), but also culture and nationality (see above). What is important for validity is that the measure can both discriminate between sensitive and struggling relationships in both samples (i.e. the correlations with the CARE-Index and Parental RF scales hold true for both populations) as well as discriminate appropriately between the samples as a whole (Hypothesis 6 below). Whilst some relationship risk is present in normative samples (for example, 15-20% of adults would be classified in as 'disorganised' in the ABCD system of classifying the AAI, [Van Ijzendoorn 1995]), greater risk should be apparent in the sample where parents are specifically being assessed for this.

Finally, and unusually in the context of validation studies of similar measures, the question of whether the results can be generalised to fathers is considered by way of their inclusion in the 'at risk' sample (see also the discussion in Chapter 6, and Hypothesis 5 below).

REPLICATION AND RELIABILITY

The fact that all interviews in the study have been classified by the researcher raises the issue of whether the results of the study could be replicated by others. Given that the researcher is trained in a variety of measures, such as the AAI, RF scale, etc., it could be that this knowledge (or any other aspect of the researcher's skills and experience), rather than the Meaning of the Child procedure itself, produces the results.

For this reason, attention has been given to training of others in the measure; as already discussed, about 60 participants have been trained in the Meaning of the Child, most of whom have no formal training in any attachment measure, and many of whom have a different professional background from the researcher. The process of training and completing practice interviews is slow, and dependent upon the participants own goals, as well as the fact that financial and practical constraints has thus far limited the course to only 3 days face-to-face training, which is probably insufficient. Nevertheless, 14 of participants have progressed to taking a reliability test, which for 7 of them is still in progress. The reliability test contains 10 interview transcripts, which have been chosen to give a fair spread of the kind of interviews a practitioner might code. It is biased towards 'at risk' interviews, mainly because as yet the researcher has few normative interviews that can be used for teaching (permission from the US sample relates to research only). Reliability is achieved by either a Pearson's correlation coefficient of above .70 ($p < 0.05$), in relation to Meaning of the Child Sensitivity/Risk classification. In addition, 70% or above identification of the main 'negative' patterns (i.e. the level of Unresponsiveness and Control) is required. At the time of writing, 7 coders (excepting the researcher) have been trained to reliability. The highest coefficient achieved by a coder whose only experience of the Meaning of the Child has been through the Meaning of the Child training course, has been 0.947 ($p = 0.000$) together with a 90% identification of the correct pattern, although most fall below that level of correspondence.

Additionally, 11 of the 23 normative interviews were blind double coded, with sufficient inter-rater coherence¹⁶. This together with the demonstration that the construct is teachable, suggests that the system may be replicable, although ultimately further studies of different populations with different coders would be needed to fully establish this.

In terms of the reliability (stability) of the measure, whilst the nature of such a comprehensive interview means that it cannot be repeated, the CARE-Indexes of the normative sample were taken 3 – 6 months prior to the PDI, and so, were the results still to correlate with the Meaning of the Child, it would suggest that the findings are relatively stable over time. Theoretically, however, the meaning a parent gives to their children should be more responsive to changes than the AAI classification, for example. This is true both in terms of the child's behaviour, which may change for reasons external to the relationship, as well as the specific history of the parent-child relationship, which may be also be affected by environmental changes more easily than a parent's state of mind regarding their childhood attachments. In some clinical cases, a follow up parenting interview (different from the PDI) was used and coded using the Meaning of the Child system some 3 to 6 months after the initial interview. Insufficient data exists to study this

¹⁶ As noted above in relation to the discussion on coding, statistically significant inter-rater correlations (using Pearson's R, as the data was parametric) were found for Sensitivity/Risk (coefficient = 0.76, p = 0.007), Control¹⁶ (coefficient = 0.65, p = 0.031), and Unresponsiveness (coefficient = 0.69, p = 0.019).

formally, as the cases are few, and in some but not in all cases this followed intervention and/or major environmental change (such as reunification). However, this limited experience suggests that basic patterns remain stable, but sensitivity/risk may vary in response to therapeutic intervention and environmental change.

Hypotheses

Therefore, out of these considerations regarding how the validity of the Meaning of the Child procedure can be validated, the following hypothesis can be generated for statistical analysis. The central hypothesis of this study is that the 'meaning of the child' system of classifying the Parent Development Interview that has been developed as part of this study will correlate with the quality and nature of the parent's face-to-face relationship as assessed by the CARE-Index, and be shown more widely to discriminate risk and sensitivity in parent-child relationships.

In order to render it amenable to statistical analysis, this can be translated into the following hypotheses, which are listed below together with a summary of the outcome (with the full details and explanation presented in the next chapter).

- 1. Parental Sensitivity/Risk as measured by the 'Meaning of the Child' will have a significant correlation to parental Sensitivity as measured by the CARE-Index.**

This was found.

- 2. The relationship pattern as classified by the 'Meaning of the Child' will have significant correlations with the Care Index scales for Control and Unresponsiveness.**

This was found for the sample as a whole, and the 'at risk' sample, but not the normative sample when considered in isolation.

- 3. Parental Sensitivity/Risk as measured by the 'Meaning of the Child' will have a significant correlation with parental Reflective Functioning (RF).**

This was found, although as indicated above, RF was coded simultaneously to the Meaning of the Child, rather than blindly.

- 4. Whilst parental Sensitivity/Risk and RF in the PDI are related, they are also distinct. It is thought that parental Sensitivity/Risk in the 'Meaning of the Child' will have a higher correlation with the parental Sensitivity in the CARE-Index, than parental RF will have.**

This was found.

- 5. The correlations between the 'Meaning of the Child' and the CARE-Index, and parental RF will hold for fathers as well as mothers.**

This was found.

- 6. The Sensitivity/Risk classification in the 'Meaning of the Child' will clearly distinguish the 'at risk' group from the normative sample.**

This was found, though comparing the Mean/Median levels of risk for each sample, and also comparing the percentage of normally functioning and 'at risk' relationships (called 'Struggling' to distinguish it from the Risk sample) for both samples. The levels of risk particularly in the normative sample were higher than expected.

CHAPTER 12: STATISTICAL RESULTS

The Statistical Nature of the Meaning of the Child Classifications

SENSITIVITY/RISK

For the purposes of statistical analysis, the 'Meaning of the Child' Sensitivity/Risk classification outlined in Chapters 9 and 10 (the Coding Manual) and discussed above, has been translated into a numerical scale from 1-7:

1: High Risk

2: (Borderline) Risk/Intervention

3: Intervention

4: Intervention/Adequate (low adequate)








5: Adequate

6: Adequate/Sensitive (high adequate)

7: Sensitive

RELATIONSHIP PATTERN

In addition to a Sensitivity/Risk classification, the Meaning of the Child is also classified for Ratio pattern. The possible classifications are:

-  **Sensitive**
-  **Sensitive (Controlling)**
-  **Sensitive (Unresponsive)**
-  **Sensitive (Unresponsive and Controlling)**
-  **Controlling**
-  **Unresponsive**
-  **Controlling and Unresponsive**

Although these may appear discrete categories that should therefore be treated as categorical variables, this appearance is misleading. Their relationship with the Sensitivity risk rating, as well as the Controlling and Unresponsive category demonstrates that this is not the case. Where the interview is rated as Sensitive or Sensitive/Adequate (6 or 7 on the Sensitivity Risk scale), the main relationship pattern is considered to be Sensitive. Where the interview is classified Adequate or Low Adequate (categories 4, and 5), then although the main relationship pattern remains Sensitive, a ‘negative’ pattern is also classified (in parentheses). Where the Interview is classified as Intervention or High Risk, a full ‘negative’ pattern (Controlling, Unresponsive, or Controlling and Unresponsive) is awarded. In other words increasing Sensitivity in the relationship means less Control and Unresponsiveness and vice versa. Similarly the Controlling and Unresponsive pattern means that the negativity in the relationship is ‘shared’ between Control and Unresponsiveness (for example, classifying Unresponsive and Controlling when the relationship is in fact Controlling is ‘half’ right).

For this reason, it is considered that the Meaning of the Child classification implies a scale for Control and Unresponsiveness in a similar way to the CARE-Index (where a total of 14

'points' are allocated between Sensitivity, Control and Unresponsiveness), although in a more rudimentary / less precise way. Where the Meaning of the Child Sensitivity/Risk was coded Sensitive or Sensitive/Adequate, then the interview was coded 0 for Control and Unresponsiveness. Where the interview was coded as Adequate or Adequate/Intervention (and so a partial 'negative' pattern was identified) then the interview was scored 1 for Control or Unresponsiveness (or 0.5 for each in those interviews with a partial Unresponsive and Controlling pattern). Where the interview was coded as Intervention or High Risk then it was scored as 2 for Control or Unresponsiveness, or 1 for both, depending on the negative pattern identified by the interview. This allowed for correlations between Unresponsiveness and Control in the Meaning of the Child to be compared with the CARE-Index, as well as inter-rater reliability to be calculated (see above).

Use of the CARE-Index

As indicated, the CARE-Index scores parental Sensitivity, Control and Unresponsiveness on a 14-point scale, with points being divided between the 3 patterns. The statistical analysis has simply used these scores 'as is', and examined their correlation to the Meaning of the Child 'scales' for Sensitivity, Risk and Control, as they are assumed to function in the same way, with the modifications described above in relation to Unresponsiveness and Control in the Meaning of the Child.

The CARE-Index also has ratings for the child (Cooperation, Passivity, Difficulty, and Compulsivity). Because the Meaning of the Child specifically assesses the parent, and also because of the differing care histories between and within the samples, these scores were not used. Some of the children in the 'at risk' sample had been in foster care or other

placements, and it would not be clear to whom the child's attachment behaviour related to. Whilst this problem still exists to some extent with the parent scores (as the CARE-Index is a dyadic measure), this is likely to be to a lesser degree.

Results

The results of the study are presented in relation to the hypotheses outlined in Chapter 11 above:

- 1. Parental Sensitivity/Risk as measured by the 'Meaning of the Child' will have a significant correlation to parental sensitivity and risk as measured by the CARE-Index.**

A statistically significant Spearman's correlation (coefficient = 0.80, $p = 0.000$)¹⁷ between CARE-Index (CI) sensitivity and 'Meaning of the Child' (MotC) Sensitivity/Risk was found in the sample as a whole. This can be seen in Figure 14 below:

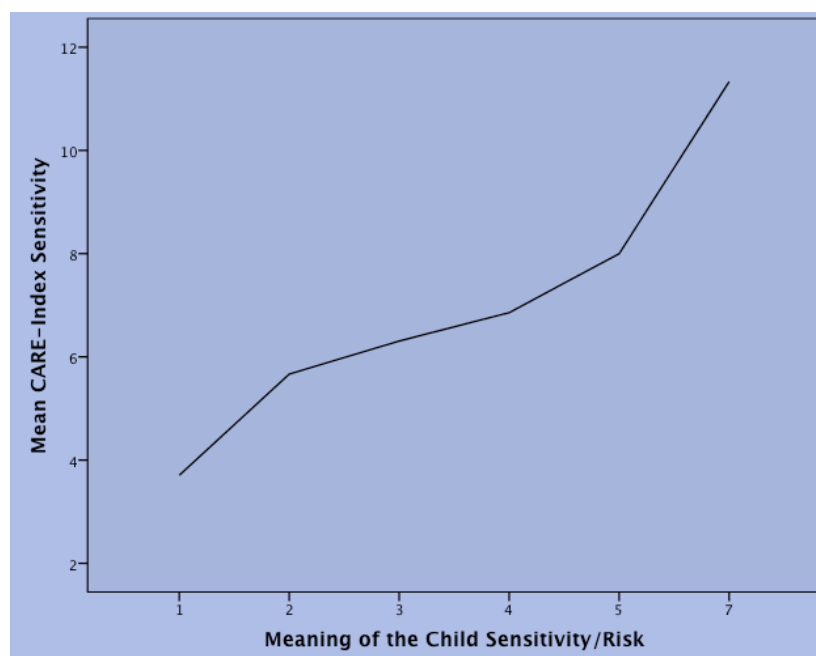
¹⁷ Spearman's RHO was used because the data was non parametric, however the Pearson's correlations were similar. It is also not clear whether the distances involved in the two measures are directly comparable.

Figure 14: CARE-Index Sensitivity vs. MotC Sensitivity Risk Correlations

Sensitivity/Risk Correlations - Whole Sample				
			CI Sensitivity	MotC Risk
Spearman's rho	CARE-Index Sensitivity	Correlation Coefficient	1.000	.804**
		Sig. (2-tailed)	.	.000
		N	85	85
	Meaning of the Child Risk	Correlation Coefficient	.804**	1.000
		Sig. (2-tailed)	.000	.
		N	85	85
**. Correlation is significant at the 0.01 level (2-tailed).				

This relationship can also be seen graphically by plotting the mean CARE-Index sensitivity for each Meaning of the Child risk category (see Figure 15 below). The graph shows a relatively consistent risk in CARE-Index Sensitivity for each increase in Meaning of the Child Sensitivity.

Figure 15: Mean CI Sensitivity vs. MotC Risk



When the samples were looked at separately, the high correlation coefficients remain but the relationship between CARE-Index Sensitivity and the Meaning of the Child Sensitivity/Risk in regard to the risk sample is a little weaker than it is in the normative sample:

Figure 16: Sensitivity Risk Correlations by Sample

Sensitivity/Risk - Correlations by sample					
	Sample			CI Sensitivity	MotC Risk
Spearman's rho	Risk	CARE- Index Sensitivity	Correlation Coefficient	1.000	.692**
			Sig. (2-tailed)	.	.000
			N	62	62
		Meaning of the Child Risk	Correlation Coefficient	.692**	1.000
			Sig. (2-tailed)	.000	.
			N	62	62
	Normative	CARE- Index Sensitivity	Correlation Coefficient	1.000	.820**
			Sig. (2-tailed)	.	.000
			N	23	23
		Meaning of the Child Risk	Correlation Coefficient	.820**	1.000
			Sig. (2-tailed)	.000	.
			N	23	23

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation coefficients between the Risk/Sensitivity scale in the PDI and the Sensitivity scale in the CARE-Index was found to be statistically significant to a high degree. The figures were a little higher in the normative population than in the 'at risk' population, which probably reflects the greater complexity of the 'at risk' CARE-Indexes and PDI's as well as issues around who is the child's main attachment figure, which affected some of the CARE-

Indexes taken in Residential Assessments (see Chapter 13, below).

2. The relationship pattern as classified by the 'Meaning of the Child' will have significant correlations with the Care Index scales for Control and Unresponsiveness.

The different way in which control and unresponsiveness are classified in the Meaning of the Child (where they are identified as patterns) as compared with the CARE-Index (where they are scaled) made the statistical comparison more difficult. As discussed above, the Meaning of the Child patterns were more properly considered as ratio variables, and so converted into simple Control and Unresponsiveness scales. However, the different ways in which each are calculated needs to be born in mind when considering the statistical results.

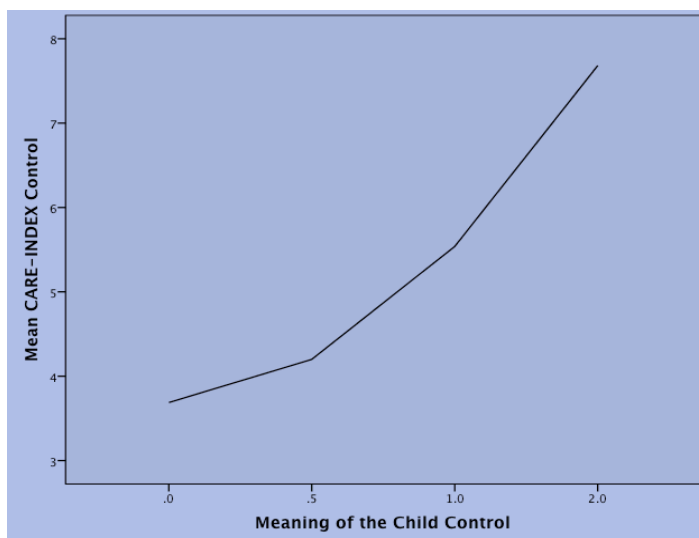
Statistically significant correlations were found between both Control and Unresponsiveness in the Meaning of the Child and the CARE-Index. The results for Control are given below (Figure 17):

Figure 17: Control Correlations - Whole Sample

Control Correlations – Whole Sample				
			Control	MotC Control
Spearman's rho	CARE-Index Control	Correlation Coefficient	1.000	.538**
		Sig. (2-tailed)	.	.000
		N	85	85
	Meaning of the Child Control	Correlation Coefficient	.538**	1.000
		Sig. (2-tailed)	.000	.
		N	85	85
**. Correlation is significant at the 0.01 level (2-tailed).				

Once again, in Figure 18 below, a clear relationship can be seen graphically by plotting the Meaning of the Child Control scores against the mean Care-Index Control rating:

Figure 18: Mean CARE-Index vs. MotC Control



The correlation is not as strong as seen in relation to the Sensitivity Risk scale, which is unsurprising given the fact that the classifications are not so directly comparable (as explained above), as well as the fact that they are dependent upon also identifying the right level of Sensitivity/Risk (or getting close). If there are significant differences in classifications for Sensitivity/Risk between the Meaning of the Child and the CARE-Index, then this will also create differences in the ratings for Unresponsiveness and Control, without this necessarily being true the other way around.

It was also the case, when each sample is compared, that the statistically significant correlation was observed in the Risk sample, but not in the Normative (at the 0.01 level), as can be seen in the table below (Figure 19). This again is not entirely surprising, given the purpose of the negative patterns is to describe the nature of at risk or struggling

relationships. These patterns are less easily identifiable in more sensitive or adequate relationships, and so differences in classification in both the CARE-Index and the Meaning of the Child are more likely. In addition the small size of the normative sample has an effect, which is why the normative results do not disrupt the correlation of the sample as a whole. As discussed in relation to Hypothesis 6 below (in Figure 36) the normative sample contained only 7 'struggling' parent-child relationships, where these patterns could be seen clearly.

Figure 19: Control Correlations by Sample

Figure 10.6 Control Correlations by Sample					
	Sample			CI Control	MotC Control
Spearman's rho	Risk	CARE-Index Control	Correlation Coefficient	1.000	.573**
			Sig. (2-tailed)	.	.000
			N	62	62
		Meaning of the Child Control	Correlation Coefficient	.573**	1.000
			Sig. (2-tailed)	.000	.
			N	62	62
	Normative	CARE-Index Control	Correlation Coefficient	1.000	.398
			Sig. (2-tailed)	.	.060
			N	23	23
		Meaning of the Child Control	Correlation Coefficient	.398	1.000
			Sig. (2-tailed)	.060	.
			N	23	23

**. Correlation is significant at the 0.01 level (2-tailed).

Similarly, a statistically significant relationship between the Unresponsiveness in the Meaning of the Child and the CARE Index was found, as can be seen in the statistics in Figure 20 below:

Figure 20: Unresponsiveness Correlations - Whole Sample

Unresponsiveness Correlations – Whole Sample				
			CI Unresponsive	MotC Unresponsive
Spearman's rho	CARE-Index Unresponsiveness	Correlation Coefficient	1.000	.544**
		Sig. (2- tailed)	.	.000
		N	85	85
	Meaning of the Child Unresponsiveness	Correlation Coefficient	.544**	1.000
		Sig. (2- tailed)	.000	.
		N	85	85
**. Correlation is significant at the 0.01 level (2-tailed).				

Figure 21 shows the same relationship graphically, plotting Meaning of the Child unresponsiveness against the mean CARE-Index unresponsiveness:

Figure 21: Mean CARE-Index vs. MotC Unresponsiveness



As with Control, the relationship is stronger in the 'at risk' sample than in the normative,

where the correlations were not found to be significant at the 0.01 level (Figure 22):

Figure 22: Unresponsiveness Correlations by Sample

Figure 10.9 Unresponsiveness Correlations by Sample					
	Sample			CI Unresponsive	MotC Unresp.
Spearman's rho	Risk	CARE-Index Unresponsiveness	Correlation Coefficient	1.000	.595**
			Sig. (2- tailed)	.	.000
			N	62	62
		Meaning of the Child Unresponsiveness	Correlation Coefficient	.595**	1.000
			Sig. (2- tailed)	.000	.
			N	62	62
	Normative	CARE-Index Unresponsiveness	Correlation Coefficient	1.000	.322
			Sig. (2- tailed)	.	.134
			N	23	23
		Meaning of the Child Unresponsiveness	Correlation Coefficient	.322	1.000
			Sig. (2- tailed)	.134	.
			N	23	23

** . Correlation is significant at the 0.01 level (2-tailed).

3. Parental Sensitivity/Risk as measured by the ‘Meaning of the Child’ will have a significant correlation with parental Reflective Functioning (RF).

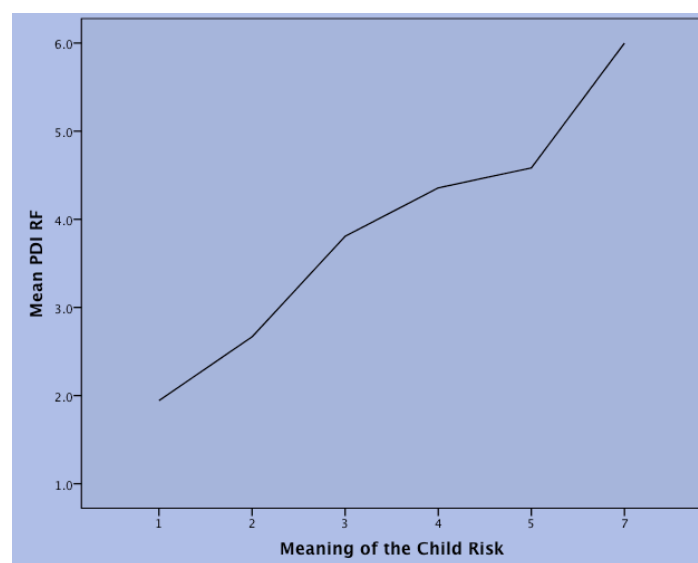
A statistically significant correlation (coefficient = 0.86, $p = 0.000$) was found between the Risk/Sensitivity classification of the ‘Meaning of the Child’ (MotC) and parental Reflective Functioning (RF) within the whole sample, as can be seen from Figure 23 below:

Figure 23: Reflective Functioning Correlations - Whole Sample

Reflective Functioning / Risk Correlations – Whole Sample				
			MotC Risk	PDI RF
Spearman's rho	Meaning of the Child Risk	Correlation Coefficient	1.000	.864**
		Sig. (2-tailed)	.	.000
		N	85	85
	PDI RF	Correlation Coefficient	.864**	1.000
		Sig. (2-tailed)	.000	.
		N	85	85
		**. Correlation is significant at the 0.01 level (2-tailed).		

Figure 24 represents the same relationship graphically, showing the steady rise in the mean Reflective Functioning score for each Meaning of the Child risk rating:

Figure 24: Mean RF vs. MotC Risk



This statistically significant correlation held true for the risk and normative samples looked at separately, albeit at a slightly lower level (see Figure 25 below).

Figure 25: Reflective Functioning Correlations by Sample

Reflective Functioning / Risk Correlations by Sample					
	Sample			MotC Risk	PDI RF
Spearman's rho	Risk	Meaning of the Child Risk	Correlation Coefficient	1.000	.744**
			Sig. (2-tailed)	.	.000
			N	62	62
		PDI RF	Correlation Coefficient	.744**	1.000
			Sig. (2-tailed)	.000	.
			N	62	62
	Normative	Meaning of the Child Risk	Correlation Coefficient	1.000	.793**
			Sig. (2-tailed)	.	.000
			N	23	23
		PDI RF	Correlation Coefficient	.793**	1.000
			Sig. (2-tailed)	.000	.
			N	23	23

**. Correlation is significant at the 0.01 level (2-tailed).

4. Whilst Parental Sensitivity/Risk and RF in the PDI are related they are also distinct. It is thought that Parental Sensitivity/Risk in the 'Meaning of the Child' will have a higher correlation with the Parental Sensitivity in the CARE-Index, than parental RF will have, as it is more directly related to the relationship with the child.

Whilst statistically significant correlations existed in each sample (as well as the whole), between parental RF and CARE-Index Sensitivity (see Figure 26 and

Figure 27, below) these were markedly lower than the Meaning of the Child correlations (see above, Hypothesis 1). This supports the view that they are distinct concepts, with RF being more related to the parents' thinking about relationships generally, and the Meaning of the Child being more closely allied with the parent's relationship with a specific child.

Figure 26: Reflective Functioning / CARE-Index Correlations

RF/CARE-Index Correlations – Whole Sample				
			PDI RF	CI Sensitivity
Spearman's rho	PDI RF	Correlation Coefficient	1.000	.690**
		Sig. (2-tailed)	.	.000
		N	85	85
	CARE-Index Sensitivity	Correlation Coefficient	.690**	1.000
		Sig. (2-tailed)	.000	.
		N	85	85
**. Correlation is significant at the 0.01 level (2-tailed).				

Similarly weaker figures are given when the different samples are considered, as can be seen in Figure 27 below:

Figure 27: RF / CARE-Index Correlations by Sample

RF/CARE-Index Correlations by sample					
	Sample			PDI RF	CI Sensitivity
Spearman's rho	Risk	PDI RF	Correlation Coefficient	1.000	.527**
			Sig. (2-tailed)	.	.000
			N	62	62
		CARE-Index Sensitivity	Correlation Coefficient	.527**	1.000
			Sig. (2-tailed)	.000	.
			N	62	62
	Normative	PDI RF	Correlation Coefficient	1.000	.555**
			Sig. (2-tailed)	.	.006
			N	23	23
		CARE-Index Sensitivity	Correlation Coefficient	.555**	1.000
			Sig. (2-tailed)	.006	.
			N	23	23

** . Correlation is significant at the 0.01 level (2-tailed).

5. The correlations between the 'Meaning of the Child' and the CARE-Index, and Parental RF will hold for fathers as well as mothers.

The strong correlation between the Sensitivity/Risk scale of the Meaning of the Child and the Sensitivity scale of the CARE-Index remains for fathers as well as mothers, across both samples (Figure 28). At first sight it would appear that the figures are better for mothers than fathers. However as the normative sample had no fathers, when these mother's are removed the figures are almost identical for fathers, as for mothers (Figure 29). The difference therefore appears to be due to the nature of the sample, rather than related to gender.

Figure 28: CARE-Index Sensitivity Correlations by Gender

Meaning of the Child Risk/CARE-Index Sensitivity - Correlations by Gender					
	Gender			CI Sensitivity	MotC Risk
Spearman's rho	Female	CARE-Index Sensitivity	Correlation Coefficient	1.000	.872**
			Sig. (2-tailed)	.	.000
			N	59	59
		Meaning of the Child Risk	Correlation Coefficient	.872**	1.000
			Sig. (2-tailed)	.000	.
			N	59	59
	Male	CARE-Index Sensitivity	Correlation Coefficient	1.000	.708**
			Sig. (2-tailed)	.	.000
			N	26	26
		Meaning of the Child Risk	Correlation Coefficient	.708**	1.000
			Sig. (2-tailed)	.000	.
			N	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

Figure 29: Risk Sample Sensitivity Correlations by Gender

Risk Sample Sensitivity/Risk Correlations by Gender					
	Gender			CI Sensitivity	MotC Risk
Spearman's rho	Female	CARE-Index Sensitivity	Correlation Coefficient	1.000	.702**
			Sig. (2-tailed)	.	.000
			N	36	36
		Meaning of the Child Risk	Correlation Coefficient	.702**	1.000
			Sig. (2-tailed)	.000	.
			N	36	36
	Male	CARE-Index Sensitivity	Correlation Coefficient	1.000	.708**
			Sig. (2-tailed)	.	.000
			N	26	26
		Meaning of the Child Risk	Correlation Coefficient	.708**	1.000
			Sig. (2-tailed)	.000	.
			N	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

Figure 30: Risk Sample Control Correlations by Gender

Risk Sample Control Correlations by Gender					
	Gender			CARE-Index Control	MotC Control
Spearman's rho	Female	CARE-Index Control	Correlation Coefficient	1.000	.620**
			Sig. (2-tailed)	.	.000
			N	36	36
		Meaning of the Child Control	Correlation Coefficient	.620**	1.000
			Sig. (2-tailed)	.000	.
			N	36	36
	Male	Control	Correlation Coefficient	1.000	.560**
			Sig. (2-tailed)	.	.003
			N	26	26
		Meaning of the Child Control	Correlation Coefficient	.560**	1.000
			Sig. (2-tailed)	.003	.
			N	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

As can be seen from Figure 30 above, and Figure 31 below, similar results were also found for mothers and fathers when considering the relationship between the 'negative' patterns (Unresponsiveness and Control) in the Meaning of the Child and the CARE-Index. The relationships are slightly stronger for mothers than fathers, but the differences are minimal.

Figure 31: Risk Sample Unresponsiveness Correlations by Gender

Risk Sample – Unresponsiveness Correlations by Gender					
	Gender			CI Unresp.	MotC Unresp.
Spearman's rho	Female	CARE-Index Unresponsiveness	Correlation Coefficient	1.000	.610**
			Sig. (2-tailed)	.	.000
			N	36	36
		Meaning of the Child Unresponsiveness	Correlation Coefficient	.610**	1.000
			Sig. (2-tailed)	.000	.
			N	36	36
	Male	CARE-Index Unresponsiveness	Correlation Coefficient	1.000	.541**
			Sig. (2-tailed)	.	.004
			N	26	26
		Meaning of the Child Unresponsiveness	Correlation Coefficient	.541**	1.000
			Sig. (2-tailed)	.004	.
			N	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

6. The Sensitivity/Risk classification in the 'Meaning of the Child' will clearly distinguish the 'at risk' group from the normative sample.

As can be seen by Figure 32 below, the mean Sensitivity/Risk classification (a scale of 1-7, see above) for the risk sample lies in the borderline between 'High Risk' (1) and 'Intervention' (3), and the normative sample mean was in the low Adequate range (4). The median results (see Figure 33) were similar, other than placing the 'at risk' median in the 'High Risk' range (1). The 'Whole Sample' figures simply reflect the larger 'at risk' sample in this study.

Figure 32: Mean Risk by Sample

Meaning of the Child - Mean Risk by Sample			
Sample	Mean	N.	Std. Deviation
Risk	1.79	62	1.369
Normative	4.04	23	1.581
Whole Sample	2.40	85	1.740

Figure 33: Median Risk by Sample

Meaning of the Child - Median Risk by Sample			
Sample	Median	N.	Std. Deviation
Risk	1.00	62	1.369
Normative	4.00	23	1.581
Whole Sample	1.00	85	1.740

It might be thought that the figures for the normative range are somewhat low; however this is also reflected in the other measures carried out with this sample. For example, the CARE-Index Sensitivity similarly places the mean/median on the borderline between Adequate and Intervention (6.96/7 respectively, on a scale of 1-14, where a sensitivity score of 6 is in the Intervention/Inept range and 7 is in the adequate range). The parental RF score of the same (normative) sample has a mean of 4.4 (median of 4.5), on a scale of 0-9 where a score of 5 indicates normative or moderate Reflective Functioning. Other factors, such as the particular nature of this fairly small sample (see discussion below) may be behind this relatively (but not strikingly) low figure. The figures for the mean in relation to the other measures are given below (Figure 34 and Figure 35).

Figure 34: Mean PDI RF

Mean Parental RF in the PDI's (Scale of 0-9)			
Sample	Mean	N	Std. Deviation
Risk	2.468	62	1.1084
Normative	4.413	23	1.1546
Whole sample	2.994	85	1.4131

Figure 35: Mean CARE-Index Sensitivity

Mean Sensitivity in the CARE-Indexes (Scale of 1-14)			
Sample	Mean	N	Std. Deviation
Risk	4.79	62	2.255
Normative	6.96	23	2.266
Whole Sample	5.38	85	2.445

Further indication can be given in comparing the relationships judged as normally functioning or at risk in each sample. In the Meaning of the Child Risk/Sensitivity scale, scores of 4 (Adequate/Intervention border) or above would be considered to describe normally functioning relationships (labelled 'Functioning' in Figure 36 below), and those of 3 (Intervention) or below would be considered at some level of psychological risk (labelled Struggling in Figure 36 below).

Figure 36: Distribution of Meaning of the Child Risk Status by Sample

Sample			Frequency	Percent
Risk		Functioning	6	9.7
		Struggling	56	90.3
		Total	62	100.0
Normative		Functioning	16	69.6
		Struggling	7	30.4
		Total	23	100.0

These results very clearly differentiate the two samples. As also indicated by the mean/median comparisons, the level of relationship risk in the normative sample (30%) is high, it is not unheard of. Whilst studies of adult attachment using the ABCD model would normally find figures of 15-20% risk in normative samples (Van Ijzendoorn 1995), as measured by the Disorganised category¹⁸, the measurement of risk does not precisely correspond to the Meaning of the Child, and the Unresolved loss and trauma in the AAI is a poor predictor of risk in parenting, (see the discussion in Chapter 3 above). In addition, as has already been pointed out, the normative sample is relatively small, and so the classification of one or two interviews could/would have a significant effect upon the distributions (but not so great as to question the extent to which the measure discriminates between the two samples).

¹⁸ More specifically the Unresolved trauma and loss, and Cannot Classify categories, see Appendix 1.

CHAPTER 13: DISCUSSION OF STATISTICAL RESULTS

Relationship with the CARE-Index: Cultural, Gender and Contextual Issues

The statistical analysis presented above does show that the study has been able to demonstrate what it set out to show; namely that it is possible to predict the nature of a parent's face to face relationship with their child (as measured by the level of Sensitivity in the CARE-Index, as well as the level of Unresponsiveness and Control) by the way in which the parent speaks and thinks about their child in the Parent Development Interview. Of course, no simple causal relationship is implied by the correlations, nor indeed by the theory. It is not presumed that the way the parent speaks about the child in the Meaning of the Child causes the way they act in face-to-face play in the CARE-Index. Indeed, it is suggested that the relationship is two-way (see the discussion in Chapters 1 and 7, and Figure 1 and Figure 2, pp. 110-115 above). The level of agreement indicated in the results provides strong evidence both for the validity of the Meaning of the Child measure, and the construct it measures.

The link between the Meaning of the Child and the CARE-Index was demonstrated with both fathers and mothers, and also in both the normative and the 'at risk' samples. The relationship between CARE-Index Sensitivity/Risk and the Meaning of the Child Sensitivity/Risk was a little less strong in the 'at risk' sample, perhaps reflecting the increased complexity of these interviews and CARE-Indexes as well, but given the stronger relationship between the negative patterns in the Risk sample (see below), the issue is more likely related to the question of who the child's attachment figures are/were. Many of the CARE-Indexes undertaken in the Residential Assessment were done shortly after the child

had moved from being cared for in foster carer, to being in the full time care of the parent (in the context of being in a residential unit). One study (the only of its kind with this measure) suggests that fathers obtain higher scores in the CARE-Index (Olrick, 1992), but without any effect on the welfare or development of the child. This is thought to be because the CARE-index is first and foremost an assessment of parent-child play; whilst it usually raises issues of attachment, fathers in the Olrick study may be acting more as playmates rather than attachment figures (see the discussion in Chapter 6 above on the role of fathers in the transmission of attachment).

It is possible therefore, that the mothers in the Olrick study at least, did less well precisely because they are more often the child's attachment figure (or principal attachment figure), and so the play is more likely to be disrupted by attachment issues that need to be resolved between the mother and child, before play-based exploration can take place. Fathers who are known by the child but less involved with them may possibly be able to play more freely. This is similar to the common observation of children who have been playing happily in day-care, but who become distressed when the parent arrives, not because the parent distresses them, but rather because they have been holding onto that distress until the person who might resolve it appears. The same issue may be occurring with some of the residential CARE-Indexes, where parents may have acted more as 'playmates' in contact (with the foster carer acting as principal attachment figure), but are now taking on the role of main caregiver. In this case, it is likely that the child's attachment behaviour (or pre-attachment behaviour in the case of young infants) is also in a process of adjustment.

However, these variances are not great, and the relationships between the measures were none-the-less very strong in both samples, as regards the prediction of Risk/Sensitivity.

Paradoxically, the fathers in this study, who were all drawn from the 'at risk' sample, may be more involved in their children than the more 'traditional' family structures of many normative samples, because they are being assessed for the care of their child. Where these fathers were employed, they often had to cease work to maintain contact with their child. The correlations between the CARE-Index and the Meaning of the child were as strong for fathers and mothers in the 'at risk' sample (the only one that had both).

This ability of the measure to hold true for fathers as well as mothers (and possibly more so than the CARE-Index) may be counter-intuitive, given that this is a measure of 'the meaning of the child to the parent'. It might be through that being a mother or a father might hold very different meanings for parents, given the ways in which these roles are differently constructed in our society (and indeed most societies). However, the purpose of developing a classificatory system of the 'Meaning of the Child' is not to be able to make social judgements about the kind of meanings that mothers, fathers, or indeed particular racial or cultural groups may hold about the child. Rather it is to assess the extent and way in which the meaning a parent gives to their child may distort that relationship; whether or not there is a 'reality gap' between the relationship that the parent perceives or desires, and the 'actual' parent-child relationship (or at least that which the coder reasonably infers from the evidence presented in the interview), and how that 'gap' may function from the child's point of view. The assumption is that a parent holding a distorted meaning of the relationship with a particular child is damaging to that relationship, regardless of culture, race or gender. 'Distortion' is judged by the internal coherence of the transcript itself, and of the representations of self and other offered by the parent.

This is not to pretend that the measure is culturally (or gender) neutral, even if such a thing were possible. The PDI brings the meanings given by the parent to their parenting role and the child alive, and so interacting with and judging this does require cultural sensitivity, else the parent will be misunderstood. Whilst both samples were predominantly (but not entirely) white, they were culturally very different. The normative sample was drawn from US (Texan) mothers, who were mainly educated and either studying or working. The 'at risk' sample, were mainly drawn from urban socially disadvantaged parents living in the Peterborough and Northampton areas of the UK. The process of classifying the US interviews for example, meant putting aside views on particular cultural parenting practices, such as 'controlled crying', for example (discussion of which occurred in many of the transcripts), in order to evaluate the parent's ability to see through the cultural 'script' to their particular child. In addition, knowledge of child development, and thus the appropriateness or otherwise of parental judgements or descriptions, do play a role in coding the Meaning of the Child. For example, judging the perception that a parent's description of their 8 week old baby as 'stirring it', intentionally causing strife in the spousal relationship, was coded as 'distorted mentalising' on the basis that this is not developmentally credible. However, these judgements are primarily at the level of thinking rather than parenting practice, and what is evaluated primarily, is the balance and coherency of the interview transcript on its own merits. The correlations achieved across the diverse groups represented by the two samples, at least suggests that the procedure has the potential to be used in a culturally sensitive way, even if it is also true that cultural ignorance and insensitivity could equally result in mistakes being made.

The same things can be said for the difference in context between the samples. The normative sample was a research sample, where participants volunteered their involvement; the 'at risk' sample was made up of interviews where the participants risked losing care of their child if they did not participate or 'performed' badly in some way. The concern arises that the increased level of danger for those undertaking the assessment under such conditions may itself distort the parent-child relationship that is on display in either the CARE-Index or the Parent Development Interview, in comparison to the normative parents. By the same token, it might have been feared that a system developed in working with an 'at risk' sample might over pathologise normative parent-child relationships (as un-endangered parents might be freer with negative humour, for example, because they don't have so much to lose).

However, there is evidence from this study that would suggest that this is not the case, or at least that the ways in which the interview process is affected does not undermine the evidence derived from it. Firstly the correlations with the CARE-Index Sensitivity/Risk held with both samples, with only small differences between them that is easily accounted for by the increased complexity of the 'at risk' interviews and videos, and also the issues around CARE-Indexes being conducted shortly after the child was reunified with the parent (see above). Whilst both measures may be affected by the assessment process, given that they are such diverse assessment methods (one is based around detailed analysis of parental discourse, and the other detailed analysis of videoed face-to-face interaction with a child) it would seem unlikely that both are affected in precisely the same way. The correlations with the RF scale, which is scored very differently to the Meaning of the Child, also support this conclusion.

In addition, the fact that the gap between the mean level of Risk/Sensitivity between the two samples, although not quite as high as might be expected, would at the very least suggest that the level of danger in the assessment process did not result in the level of risk in the 'at risk' interviews being exaggerated. It is true that the reverse concern (that the normative interviews were over-pathologised) could still be true, but the PDI results were confirmed by the CARE-Index and the RF scale, and the mean/median of the normative sample was still in the normative range, albeit only just so.

In trying to understand these findings, it is important to remember that it is not so much a score but a pattern that the system is trying to uncover. Risk is indicated not by the presence of anger, for example, but the level of distortion that such anger may or may not create in the meaning a parent gives a child. The parent's increased anxiety was more obvious in the 'at risk' interviews, but that anxiety did not always distort the parent-child relationship, and in some cases the strength of that relationship shone through more powerfully because of it (see Leanne's interview discussed below in Chapter 14). In many ways, the increased danger made some of the fault lines in the parent-child relationship more obvious and easier to spot, just as the presence of some kind of danger/threat in an attachment measure helps make the attachment strategy (pattern of relating under threat) more visible. Understanding the context of the interview, and the relationship that develops with the interviewer around it is part of the classification process. As we have seen with the different meanings inherent in parenting, derived from both culture and gender, what is important is that while interpreting the interview, both the interviewer and the coder are sensitive to the social context of the interview when trying to make sense of

what a parent is saying. Insofar as such things can be taught, this should be part of the teaching process with regard to both administering and coding the interview.

Relationship with the Reflective Functioning Scale

The relationship between Parental RF (Slade et al., 2005a) and the Sensitivity/Risk classification of the Meaning of the Child was also very strong in both samples. In part this may be exaggerated by the fact that the interviews were coded for both at the same time, rather than blindly. The only practicable way to avoid this would have been to have coders for each measure who were untrained in the other, which was something beyond the resources of this study. Even aside from that, the concept of Reflective Functioning is part of the Meaning of the Child coding system, and so an element of overlap is 'built in'.

However, the noticeable differences in the correlations between Parental RF and CARE-Index Sensitivity on the one hand, and the Meaning of the Child Sensitivity/Risk and CARE-Index Sensitivity on the other, supports the view that the measures are distinct, though related. The fact that the Meaning of the Child was closely related to the CARE-Index Sensitivity (which is a measure of *dyadic* synchrony with a particular child) as well as Parental Reflective Functioning (which is a measure of the parent's ability to think appropriately about the mental states of both self and child), but that the two are not quite as closely linked, suggests that as intended, the Meaning of the Child sits, as it were, somewhere 'in-between' the two (see Figure 1 on page 110). It is more related to the way the parent constructs meaning in their relationships (and so is closer to the parental RF scale than the CARE-Index is), and also more related to the parent's feelings about a particular

child, and the specific meaning of that relationship (and so is closer to the CARE-Index than the RF scale is).

The Meaning of the Child aims to be a much broader system than the RF scale, with greater scope to understand the emotional aspect of a parent's relationship with their child, as well as the influence of parental trauma and other relationships on the parent-child relationship. In part it was developed because the simplicity of the RF scale meant that the depth of information about the parent-child relationship that the PDI offered was not being fully 'mined'. Ironically, because of its memory systems approach to classifying the interviews (see Chapters 9 and 10: The Coding Manual), the Meaning of the Child may in fact pick up on other dimensions of mentalising that the parental RF scale does not specifically address (e.g. automatic vs. controlled mentalising, [Fonagy & Luyten 2009]). Tentatively at least, the evidence seems to support this.

Relationship with CARE-Index Patterns of Unresponsiveness and Control

A statistically significant relationship between the Unresponsive and Controlling patterns of the Meaning of the Child with the Unresponsive and Controlling patterns of the CARE-Index was found in the sample as a whole and in the 'Risk' sample, but the relationship was not as strong as that which existed in regard to Sensitivity/Risk. The correlations for the normative sample were not found to be statistically significant (at the 0.01 level), when this sample was considered in isolation. There is an element to this finding that is simple and obvious, namely that 'negative' patterns may well be more obvious and marked in samples where

the relationships are struggling, than in normative dyads, where the difficulties in the relationship are less marked, more 'diffuse' and 'diluted', and so the differences between control and unresponsiveness is less clear in both measures. This problem may be exaggerated by the smaller size of the normative sample, something indicated by the fact that the problem disappears when the sample is considered as a whole. As already pointed out, there are only 7 out of the 23 parent-child relationships in the normative sample classified as 'Struggling' (see Figure 36, on page 365 above and discussion), where these patterns should be more clearly defined. Therefore the better findings for Sensitivity in the normative sample, and for the 'negative' patterns in the 'at risk' sample are to be expected. The purpose of the negative patterns in the Meaning of the Child was and is to discriminate between different kinds of struggling relationships, and the data would suggest that the measure has achieved this.

In addition, for all that the conceptual coherence between the Meaning of the Child and the CARE-Index the systems are not completely comparable: the CARE-Index patterns are not so much patterns as scores (14 'points' are divided between Sensitivity, Control and Unresponsiveness), whereas in the Meaning of the Child the establishment of a clear negative pattern (Control or Unresponsiveness) places the interview in the Intervention or Risk category (in the absence of clear evidence also of a Sensitive pattern), and a partial category is given in interviews considered Adequate. The question of what is the main pattern in the CARE-Index is less easy to define.

Furthermore, there were coding issues with both samples: the US sample raised issues around whether the cultural tendency towards more interventionist play with babies was often intrusive/controlling, and with complex 'at risk' interviews, coder agreement on

patterning (as opposed to overall Sensitivity/Risk) is much more difficult to achieve. There is a frequent debate for example, as to whether intrusive behaviour on behalf of the parent is controlling (by which it is felt it is contingent on the child's behaviour, and so functioning in a punitive way) or unresponsive, in that it is unrelated to what the child is doing, but dependent on something going on in the parent's head. The Meaning of the Child may be better placed to shed light on the issue than the CARE-Index, because of the way in which it makes visible the mind of the parent, but of course ways in which it might go beyond the CARE-index can't be established by comparing the two measures.

However, these statistical difficulties throw up a wider issue as to whether the meaning of the Unresponsive and Controlling patterns are identical in both measures. It may be that to use the same terms is misleading, as the patterns may have a different significance in each system (one that overlaps rather than is identical). The assumption that was behind the Unresponsive and Controlling patterns in the Meaning of the Child, was that parents who seek to control their child's behaviour in the CARE-Index would show an intense but negative (either hostile or needy or both) connection in the way they spoke about the child. By the same token it was hypothesised that those who did not respond to their child, either at all, or in any way that was related to the child's behaviour, would seek to distance themselves from their feelings about the child, and the feelings involved in being the child's parent. Regardless of the statistical difficulties, the progress of the study has called these assumptions into question.

The first significant exception to this in fact became apparent early on in the development of the coding system and so was incorporated into it. There were a number of interviews that were markedly and undeniably hostile to the child, where the CARE-Indexes were

coded as Unresponsive, or Unresponsive with some element of Control. These interviews, in addition to showing hostility, tended to show a pattern of helplessness and of having given up in some way in being an effective parent to the child. This pattern was labelled as 'Controlling Withdrawal', because it appeared that the parent's lack of responsiveness was the result of somehow categorising the child as too bad to be parented properly (rather than the more common pattern for extreme unresponsiveness of idealising the child as an 'almost adult' who did not require attentive parental care). This pattern once identified is usually coded as 'Controlling and Unresponsive', because it is felt that the hostility that is clear in the interview should show through at least in the affect dimension of the CARE-Index (which deals with the parent's emotional responses to the child). In fact the CARE-Indexes of these interviews are mixed; in some cases they are classified as almost entirely Unresponsive, and in some cases partially so, as predicted. Developmental stages may play a role in this, in that more active toddlers may provoke conflict with these parents, which is not apparent in parents of babies. Whilst the physical aspects of caring for a baby may be distasteful to this group of parents, the CARE-Index does not necessarily demand this, as it is play based. This kind of parent may simply leave the baby alone or make token efforts to engage without the hostility becoming apparent.

In addition to this, another pattern emerged from the process of classifying the normative sample that is not currently captured by the Meaning of the Child system. There were a number of interviews that followed the Unresponsive pattern of giving idealised, stereotyped and somewhat clichéd, affectless, and impersonal accounts of their child and their parenting, that were coded as predominantly Controlling in the CARE-Index. These interviews tended to exhibit strong and somewhat extreme reactions to the child's negative

affect (for example, some strong exaggerated images or negative language) that might suggest the parent was fearful of the child's negative feelings, but no other controlling discourse markers (and within a pattern that was idealising). This phenomenon was seen both in extreme, high-risk interviews, as well as in interviews coded in the adequate and intervention ranges, in a less stark or more diluted form. It was these interviews, principally, that undermined the statistical significance for Control and Unresponsiveness in the normative sample.

Further work would be needed to establish this and test it out, but this may be a pattern that is something of a 'mirror image' of the Controlling Withdrawal pattern; parents who seek to distance themselves from the child's negative affect through the idealising, distancing pattern in the Meaning of the Child (and so are coded Unresponsive) but who in their face-to-face interaction with the child, especially when stressed, can't keep this up. Having the child directly in front of them, and being faced (literally) with the child's negative affect (as opposed to only speaking about it to somebody outside the relationship), they cannot distance themselves by not responding, but rather seek to actively dismiss the child's negative affect. The controlling behaviour of these parents, may not serve to maintain an intense or needy struggle with the child in order to feel close to the child, as would characterise most controlling parent-child relationships. Instead, the interviews of such parents suggest that the controlling behaviour functions to dismiss the child's negative feelings, in order to distance the parent from the negative feelings involved in parenting the child.

The hypothesis is that such parents would be classified as Type A in the Adult Attachment Interview (see the account of the AAI attachment patterns in Chapter 9 above, and also

Appendix 1 below), who are threatened by negative feelings in themselves, and by extension their child, as parenting their child elicits these feelings. Such parents may seek to distance themselves from the child's feelings, and manage to do this by distancing themselves in an interview in an idealising fashion (and so be coded as Unresponsive in the Meaning of the Child). However, when such uncomfortable feelings are too starkly presented to the parent when face-to-face with their child, or when the parent is fearful that the child may display feelings that will be unpleasant for them, the parent may seek to control the child's behaviour to prevent being in a situation that is threatening to them (or to end their discomfort). An extreme example, arising out of the writer's own experience (but not part of this study owing to the lack of a CARE-Index) was a mother who was intensely idealising (in fact coded as A7, delusionally idealising in the DMM-AAI, see Appendix 1) of her children, parents, and all her relationships (including with the interviewer assessing her), but had inflicted cigarette burns upon her eldest child. Whilst intensely positive about him, and indeed unable to consider anything negative about him in her mind (and so coded as Unresponsive in the Meaning of the Child), she was highly and dangerously punitive when faced with his real negative affect, which was extremely frightening to her and so needed to be dismissed at all costs, in order to distance herself from that fear. For this mother, the display or expression of negative affect was highly dangerous, and in punishing so severely such expression in her child, she may in her own mind have been protecting him from the negative consequences (in her early experience and current state of mind) of expressing his negative feelings. Her idealising thinking and 'controlling' behaviour had the same function: to create distance from frightening negative feelings and experiences.

Conclusions and Case Example

Therefore, whilst the statistical analysis provides strong support for the validity of the Meaning of the Child, it also suggests further interesting possibilities. Unresponsiveness and Control in the Meaning of the Child and in face-to-face interaction generally may not be the result of one single mental organisation. Rather, they may reflect patterns of relating that are more flexible with regard to context than had first been thought. Negatively contingent behaviour (parental interaction) to the child (classified properly as Controlling in the CARE-Index) may function to create distance from the child and the feelings associated with parenting, or keep the child close through an intense struggle. By the same token parenting behaviour that lacks contingency to the child in the CARE-Index (and so is classified as Unresponsive in that procedure) may function to help the parent distance himself or herself from the child and any feelings associated with parenting, or it may serve to express the parent's hatred and hostility to the child, who is somehow undeserving of parenting. At another level the pattern could be said to be protecting the child from the effects of the parent's anger.

These different levels at which Unresponsive and Controlling parenting behaviour can be organised may even occur at the level of discourse in a single interview. A good example of this is a mother, again interviewed as part of an assessment for the family courts (but not formally part of this study owing to the age of the child). When her child (Bobbi) was three, this mother gave up (under pressure from the social workers involved) her daughter's care to the child's paternal aunt (Irene), because of her substance misusing lifestyle and difficulties. However, she subsequently rebuilt her life, stopped abusing drugs, and began a more stable relationship with a man she married, and had another child in this relationship,

without any involvement or concern from the statutory services. She had applied once before for Bobbi to return to her care but was turned down as her new relationship was in its infancy. However, at the time of the interview, she had been stable for a number of years, and had been maintaining regular, staying contact with her daughter. Her interview shows the Unresponsive pattern when speaking of the child as a baby (the child was almost 10 at the time of the interview), but is clearly Controlling when speaking about her current relationship with the child.

For example, the following extract of the child's early years is idealising of the relationship, lacking in affect, and minimising of the feelings involved in parenting:

Can you tell me a bit about Bobbi's first year? Her circumstances and birth what she was like as a baby, those kind of things.

Her birth was her actual birth was alright. I had problems afterwards. A retained placenta which is a bit of a pain, so I didn't really have Bobbi for the first 24 hours. I ended up having a blood transfusion which was a bit gory. Then I bought her home, she was a really easy baby she slept, she was sleeping from about 11 pm till 5 am, by the time she was a couple of weeks and by the time she was three months she was sleeping from like 7 till 7, you couldn't ask for a better baby for sleeping. She was, you know, she was well behaved, she was a baby, do you know what I mean? There was no problems with her, she was healthy enough. She had a throat infection when she was about 4 months old and her whole voice changed

because she had quite a deep voice was quite squeaky when she had this throat infection, so yeah, she was happy, erm happy baby.

What was she like at night?

Brilliant. Absolutely wonderful, she slept. I couldn't believe it, you hear all these horror stories, "oh you will be up goodness knows how many times per night." I didn't breast feed Bobbi I bottle-fed her she was a bit colicky to start off with, she was no problems with sleeping.

Those early few months was there anything you struggled with?

No. I really found being a mum a breeze, I really did, she was an easy baby erm I really enjoyed it. It helped also with my mum having a baby that was 10 months older, [name], so I kind of like put in a practice with the nappy changing and things like that yeah, I really did enjoy it.

The passage is task orientated, focussing on the physical aspect of parenting rather than the emotional. The child and the task of parenting is idealised, and the negative feelings involved are minimised or omitted; the ideal is one based upon the child's lack of demands upon the parent. Based upon this evidence alone, the interview looks like it would be classified Unresponsive by the Meaning of the Child system.

However, when talking about her current relationship with her child the tone is very different:

What is it about Bobbi that you find most difficult to cope with?

It is not, not being able to cope with it, it is not being able to do anything with it. The behaviour sometimes, you know, her rudeness, her whole attitude sometimes, the only reason I find it difficult is because I can't go anywhere with it, whereas I can say "No" or send her to her bedroom for an hour, but it is nothing long term in an ideal world, 'cause Bobbi is misbehaving now. Bobbi would, I would say "Well Bobbi, you (incomprehensible words)" so I find it difficult that way and I think nothing ever really gets resolved with me and Bobbi, because she just, I think in her own head, she thinks, "well, there is nothing you can do about it." She also said to me before, "You have got no rights over me" and that came about because (incomprehensible words) and she phoned me telling me to go and get her and I said I can't just go and get her. "But you are my mum" and I said "I am your mum darling, but I can't come and get you. I am not allowed to get in a car and take you away". She didn't quite understand that, that I am her mum, and why can't I come and get her, why can't I take her, if she wants to come and live here then she should be able to pack her bags and come here. She doesn't understand the fact that I don't have that right, and I had to explain to her that I don't have that right to have them turn and use against me like I have stopped her from doing something, you have got no rights. It is difficult in that way and the fact that when she goes home it is completely different and doesn't. Bobbi gets away with an awful lot with Irene. An awful lot. She kicked Irene, she done this to Irene, things that I,

there is no way that I would put up with, I wouldn't put up with being hit by anyone now including my children, so yeah, so that is what I find difficult I am sure (incomprehensible words).

Tell me about a time when Bobbi was angry with you?

Probably the one that sticks in my head as the most recent was this time when she wanted to go back to Irene's. I can't even remember why, Bobbi gets angry with me quite a lot. It is something, if she has had a bad day at school she will come out in a temper. Erm, one particular day when she hated me, she wanted to phone Irene to come and collect her and I wouldn't let her have the phone. I think it was 3, she was going back at 5 pm anyway, I said "Bobbi no you can't just phone Irene and get Irene to come and get you just because you have not, you haven't got things your own way," or I can't I really can't remember what it was that she wasn't. This is the thing with Bobbi, something small that she might not think is anything escalates and escalates, so before you know it, it is a really big massive thing and you don't even know where it has come from in the first place, it is so trivial. So this particular time, and she hated me, and have no rights over her, that kind of thing.

How did that make you feel?

It does upset me the fact that she can use that against me. To a certain extent it is right I don't have. I do have rights over her, like over her, she is not like a dog or anything, do you know what I mean, but it is difficult. It

is hard all of it, I find difficult the whole only allowed to see her at certain times, someone else dictating whether they feel I have had enough access, I do find all of it quite difficult. Obviously Bobbi rubs salt into the wound when she comes out with it. Things like that is how I feel anyway, when you have got a 9 year old, it is hard it is difficult, I feel guilty I suppose.

These passages are fragmented, giving us Bobbi's bad behaviour without the context that might explain her behaviour better (Bobbi currently lives with her paternal aunt, and has done since she was 3, when her mother gave up her care). The language is powerfully evocative of hostility in the child (for example, although from a different passage, "she launched a massive attack on me"). It is full of images of angry dialogue, devoid of context that might give the listener a more balanced understanding of Bobbi's difficulties. The passages are very child blaming, emphasising the child's behaviour as hostile, and personal, rather than reflecting the child's confusion.

Bobbi's mother, whom we call Belinda, was classified as in Type A in the AAI, idealising of her alcoholic and physically abusive father, and attempting to dismiss the pain surrounding her rejection by her mother. She was in the process of reorganising towards a less defended attachment strategy, but her dismissal of her own feelings remained strong. The pattern observed in the AAI was the reverse of the passages just quoted, as Belinda distanced herself from negative feelings, exonerating and excusing those who had hurt her by offering context that helped put their actions in a better light. She used distancing language that stripped accounts of feeling, and made the conflict impersonal, disconnecting it from relationships in general and her relationship with her mother and father in

particular. The conclusion arising from the interview is that Belinda avoided facing her own threatening negative feelings of anger, fear and desire for comfort, by giving an idealised, impersonal account of her relationship, such that these feelings (for the most part) did not arise.

This she attempted to do also in relation to her child, which is seen in her treatment of Bobbi's early years. However, the feelings arising out of her relationship with Bobbi in the present were too immediate and too intensely experienced for them to be omitted or minimised by idealising and distancing herself from them, as she was able to do with past relationships (her relationship with her parents as a child, or with her daughter as a baby). Possibly her partial reorganisation made her more aware of the current intensely negative feelings elicited by the child, or possibly her instincts to protect her child, combined with the unconsciously held belief that negative feelings are very dangerous, made her child's current negative affect a current danger that could not be distanced in an Unresponsive fashion, as it could not be allowed to remain. Therefore, Belinda dismisses and pathologises her daughter's negative affect in a highly controlling fashion. The point though is that although she may be doing this in order to distance herself from the way in which these feelings threaten to destabilise her, the result is that she feels the need to intrude upon and control her daughter.

The interview is a powerful example of how the Adult Attachment Interview, taken together with the Meaning of the Child, can show how attachment patterns are 'transmitted' from parent to child. Bobbi was in fact assessed using narrative story stems, a tool to assess child attachment through the completion of attachment related story beginnings, assisted by doll play (Emde, Wolf & Oppenheim 2003, Farnfield, 2009), as having a similarly compulsively

inhibiting attachment pattern to her mother. Far from being overly aggressive and manipulative, as she appears in her mother's interview, Bobbi in fact also sought to inhibit her feelings, and please the adults involved in her life (her mother, and the aunt she currently lived with).

A classificatory system is important to ascertain the validity of a system, or the interpretation of a particular interview, but it ultimately simplifies and omits information in order to fit the experience of a parent and child into a pre-determined category. One interview cannot contain the totality of what is going on between a parent and a child. Whether Belinda's interview is classified as Unresponsive, on account of the passages about her early relationship with Bobbi, or Controlling on account of the passages about her current relationship (or both), the processes at work in the interview, identified by the Meaning of the Child system, taken with the information given in her Adult Attachment Interview, is extremely helpful in understanding what Bobbi represents to her mother, and how this relates to her mother's early history and pattern of attachment. Examples such as this one illustrate how the Meaning of the Child coding, used in conjunction with other information, can illuminate and make sense of the parent-child relationship in ways that are relevant to intervention and support.

SECTION D: CONCLUSIONS

Re-interpreting the Meaning of the Child Patterns

The statistical analysis of the Meaning of the Child, within its limitations, achieved its purpose in providing good evidence of the validity of the Meaning of the Child as a procedure to identify 'at risk' parent-child relationships and discriminate between different patterns of troubled relationships in clinically useful ways. However, at the same time, the study has questioned the original meaning or understanding given to the Meaning of the Child patterns of caregiving (as described in the Coding Manual, Chapters 9 and 10).

At the outset of the study, the categories were seen as an extension of the idea of parent-child contingencies that is central to the CARE-Index, to the realm of parent representations of their child and caregiving. Put simply, in the CARE-Index, Sensitive parents are positively contingent to their infants; parent-child behaviour is connected in ways that make things predictably pleasant for them both. Controlling parents are negatively contingent: what the child does displeases the parent, and what the parent does is unpleasant to the child. Unresponsive parents are not contingent: their actions bear no relation to what the child is doing. In the Meaning of the Child manual, the notion of contingency was translated to the idea of being 'connected' affectively and cognitively to the child. Therefore, Sensitive

parents were conceived as positively connected to their child, Controlling parents as negatively connected, and Unresponsive parents as unconnected (see Chapters 9 and 10)¹⁹.

However, both the statistical analysis (see above, Chapter 13) and the use of the system in the 3 years it has been trialled (see for example, the discussion of Bobbi's mother in the preceding chapter) question whether this is the best way to understand the patterns that the Meaning of the Child identifies. Firstly, although it is possible to develop sub-patterns that predict these reversals (see the discussion above in Chapter 13), some parents, classified as Unresponsive because they distance themselves from their children cognitively and affectively, can nevertheless behave in intrusive, negative ways to their children, in order to create some distance from them. By the same token, some classified as Controlling can withdraw physically from their children, because they have 'given up', even though the conflict still rages in their head (and in their discourse). Secondly, the dichotomy between being mentally 'connected' to the child or 'unconnected' is confusing; some highly controlling parents appear so preoccupied with their conflicts (with the child and with others) that this questions whether they truly know their child in any way, even negatively.

¹⁹ The Meaning of the Child does of course recognise that there is a continuum involved and that all parents are sensitive to some degree. The characterisation of Sensitive, Unresponsive, and Controlling parents in this discussion, and the use of fairly extreme examples, is intended simply to offer clear illustrations rather than imply that all or most parents can be described in this way.

By the same token, some Unresponsive parents are desperately committed to their child(ren) and desperate to be good parents to them. Their self-protective strategy may prevent them from truly knowing their child; but to say that they are ‘unconnected’, and thus by implication their child has no meaning to them, is misleading. Even with Sensitive interviews, this characterisation can be questioned in cases such as Leanne, discussed below, where her sensitivity is hard earned on account of adverse experiences that have impacted upon the relationship. Leanne’s relationship with her daughter gives her great pain, as well as joy, as a result of the pain of their separation. To demand that the connection be ‘positive’ distracts attention from the balance, warmth, and perceptiveness that made that interview such a sensitive one.

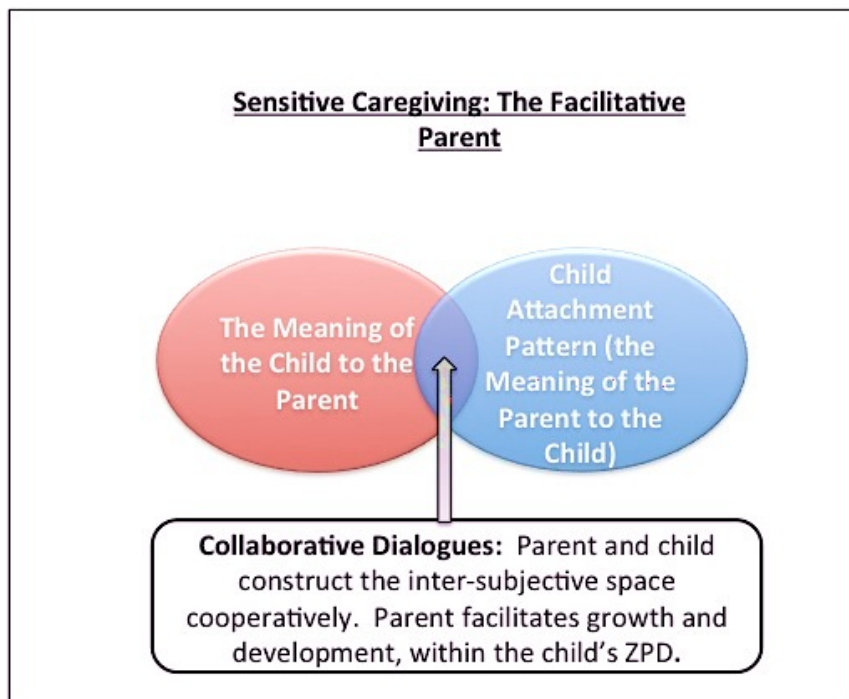
Further reflection on the use and meaning of the Meaning of the Child patterns suggests that rather than being a positive/negative/absent connection distinction, the patterns can be seen on a continuum between distanced, psychologically unavailable caregiving on one side, and intrusive, overly close, psychologically enmeshed caregiving on the other, with Sensitive caregiving being a cooperative, mutual dialogue that occupies the balance between these two extremes. However, in talking about distancing vs. intrusion, we are not talking about the parent taking over the child’s physical space or withdrawing from it, but rather the mental space or psychological space that should be jointly constructed in healthy relationships. Building upon the idea of the ‘inter-subjective space’ developed in Chapters 3 and 7 above, the meeting of the parent and child is seen as a collaborative or non-collaborative dialogue (Lyons-Ruth, 1999, Beebe et al., 2012b) that arises out of the psychological meaning that each has for the other (see the discussion around Figure 2 from page 110 above). The reality is that for *both* Unresponsive and Controlling parents the child

and the parenting relationship has a negative meaning, but they protect themselves from that meaning in different ways, producing two different kinds of non-collaborative dialogues. The understanding that follows is an attempt to reconceptualise the meaning of discourse markers and process that lead to the classification of Control and Unresponsiveness in the Meaning of the Child.

Sensitive Parents: Facilitating a Collaborative Inter-Subjective Space

The sensitive parent facilitates the development, protection and nurture of the child through facilitating a collaborative inter-subjectivity between them. Such parents wait for the child's responses, and invest positive and appropriate meanings to the child's initiatives. As in any collaborative conversation, each party offers something of themselves, whilst listening and eagerly attending to both the responses and initiatives of the other. Such 'dialogues' are a pleasure to listen to, as there is ebb and flow, more than one perspective, and a full range of moderate (non-coercive) emotional expression. This can be seen visually by recasting the diagram given in Figure 2 above in Chapter 7, as Figure 37 below:

Figure 37: Sensitive Parent-Child Inter-subjectivity



In Figure 37 above, the different colours represent the different perspectives of parent and child, and the meaning that each gives to each other and the relationship. The 'inter-subjective space', the dialogues where together parent and child 'co-construct' the meaning of their relationship to each other, contains both perspectives, with neither dominating. This is true of all collaborative relationships, not just parent-child ones, but the parent facilitates this with their child, by acting in the child's Zone of Proximal Development (ZPD: see Crittenden 2008, Vygotsky 1967). The ZPD is the point at which the parent neither requires too much of the child in the interaction (i.e. stretching the child well beyond her capabilities, making her unsafe), nor asks too little, (i.e. overprotecting the child by not giving the child the opportunity to exercise and make use of the abilities he has, and so stultifying development). This can only be done if the parent truly knows their child;

generalised knowledge of child development is not enough, as it may obscure or mislead the intentions and understanding of the specific child. However, the child's involvement in the conversation is not feared by the parent, so the parent feels free to let the child contribute to the inter-subjective dialogue, whilst also being present herself. Therefore, despite the fact that the parent-child relationship is not an equal one (in that the parent is the 'older and wiser one'), the goal of protecting and nurturing the child (as the 'older and wiser one') can only be achieved through a collaborative dialogue. If either parent or child are not truly 'there' inter-subjectively, then this 'knowing' cannot take place, and so the parent cannot protect or nurture the child properly, by acting in the child's ZPD.

Whilst in the Meaning of the Child, the parent's ability to engage in a collaborative dialogue about the child with the interviewer is picked up by the Coding System (Chapter 10), it is evidence of a collaborative dialogue *in the construction of the 'meaning of the child to the parent'* that is the heart of the system. The system picks up on evidence of the child's impact upon the parent, as well as the parent's conscious and unconscious meanings given to it. For example, the Meaning of the Child looks at images of the child and interaction contained in the interview, which are indicative of unconscious affective information about the child, and compares this with what the parent says semantically (and consciously) about how they feel about the child (see Chapters 9 and 10, the Coding Manual).

SENSITIVITY: AN EXAMPLE INTERVIEW

For example, Leanne (mother of Lizzie, who is aged 22 months), a mother classified as Sensitive by the Meaning of the Child, when asked early on in the interview about her child's favourite things to do, responded:

Lizzie loves water (pause) umm (pause) I know she likes swimming, she's always loved her bath time, um and her favourite thing is to splash her legs and make sure she gets everybody else wet at the same time, she absolutely loves that um (pause). I really like to spend time with Lizzie reading, she loves her books um (pause) and she's really into her books and I love spending time reading stories with her um... Certainly when she was younger, when I had the opportunity to put her to bed, she used to lie in your arms whilst you were reading her bedtime story, and she would just gaze into your eyes and stroke your cheek and it was almost "I'm so pleased you're here" which, you know, is enough to melt your heart (pause). At the moment her, she's very fond of Elbie. Elbie could be involved in every game, um. She does loves her tea set very, very much and ??????? tea set and her current favourite thing is um her kitchen which I brought her for Christmas, and cooking and role playing with cooking and um how you cook things and put them in the oven, and put them in the fridge and watching what I do and then copying, and she's very much into that and um certainly if you're going into the kitchen to make a cup of tea or cup of coffee, she quite likes to come and watch me doing that cos that, she reflects that into her tea set game that ????? so she'll quite often (pause) um if I'm going into the kitchen she'll come with me and say "making Mummy's tea" and "Where's the milk?" um you know and uh I quite often hold her in my arms and um...open the tea

???? and let her take the tea bag out, and I end up with ten my cup

(laughs).

That's a strong cup of tea!

Yeah (laughs happily) but you know so those are the sorts of things she

really likes doing...

The passage is full of warm and affectionate images, and rich discourse about the child's experience that show the positive impact the child has on the parent. The child was very much 'there' in the interaction described; her personality and likes and dislikes were vividly described. At the same time, Leanne was constructing positive meanings to her daughter's actions; the context makes it clear that splashing in the bath is seen without hostile irony as a shared, enjoyed game; not, for example the child getting in the way of the parental need to get her clean. Elbie, her child's toy animal (to whom the interviewer has already been introduced) was invested with a 'real' personality that derives from her child's construction. The final example of the tea making beautifully illustrates the parent's role in facilitating the inter-subjective space between the parent and child, where both contribute to the 'meaning-making' surrounding the actions. Although, there was some affectionate humour shared with the interviewer around the child's 'mistakes', the overall meaning given by Leanne of her child's desire to imitate her and be part of what she is doing was very positive. Leanne felt free to let her child construct her own meaning, and even in this passage alone went a long way to supporting it without losing her own 'older and wiser' perspective.

This interview was drawn from an assessment of a mother in court proceedings following the removal of her daughter over a year previously. Leanne came from a socially and materially well-off family, and married a man with a well respected job, who was considered to be a 'good catch' and was well regarded by her family. Some months after, they were married and their (only) child was born. Leanne had agreed to return to work after her maternity leave, but on her first day back, Lizzie was thrown by her father and seriously injured. Leanne initially supported her husband and covered for him, which resulted in her separation from Lizzie. However, by the time of the assessment, Leanne had separated from Lizzie's father and was doing all she could to have her daughter returned to her care.

Leanne's separation from Lizzie is intensely felt, but this is not exaggerated or coercive of the interviewer; it is her genuine experience:

What do you like most about Lizzie?

Um...that's quite a difficult question to answer (soft laugh).

It is a difficult question, have a go, have a shot.

(7-8 seconds silence- thinking)

Well it's difficult to put my finger on one thing, there's a couple of things that I really love about Lizzie...um (pause) one of them is um (pause) I really love her smile, she's got, she smiles at everybody but she's got a particular smile that she turns around and grins for you, for somebody special in her life umm (pause) she's got a very infectious laugh, she loves to laugh umm (pause), really like that about her umm (pause) Sorry it's

very strange, the way she smells cos she's my child and it's a funny parent thing I know, maybe only I've got but there's the smell of Lizzie and I can still go into her room and even though she's not been there for a very, very long time, it smells like Lizzie in that room (pause) it's a very strange thing.

It's not a strange thing.

And even though she's been with her foster mother, she still smells like Lizzie (pause) um so that's quite important to me um (pause) and um (pause) but when she calls mummy even if she's upset or she's (pause) um happy or you know when she calls for me that really melts my heart even if it's, even if she's annoyed with me (laughs) you know but it's when she interacts with me and that's possibly because I don't get to spend the time with her, but that's really important to me and that's....

This is a powerfully emotive passage, but it is so because of the sadness of the situation rather than because the listener is coerced through skewed or distorted information. It is Leanne's intimate and personal knowledge of and connection with her daughter that makes the passage so affecting. Smell is among the most intimate of senses, and its appearance in interviews tends to evidence either the most positive or the most negative (often traumatised) affective responses. This is also true of taste, where an example is given below to illustrate disgust in a hostile relationship. It is clear that Lizzie as a person has had as powerful effect upon Leanne, as her mother has upon her, but the influence is mutually pleasurable and affirming (even if it also entails loss, given the reality of their situation).

In Sensitive interviews, the 'co-constructed' inter-subjectivity is shown in the interview itself as well as the parent's relationship with their child. Without losing awareness of her own feelings, Leanne took the interviewer's perspective throughout, and was open and cooperative in her discussion of her daughter. At times she moderated the intensity of her feelings by distancing language, and so, far from distancing herself from the child, or being overly intense, she was in fact regulating herself (and protecting the interviewer) in the face of her very strong emotions. In this way, the inter-subjective space between the interviewer and Leanne was created between them in a cooperative manner, in a way that mirrored Leanne's relationship with her daughter.

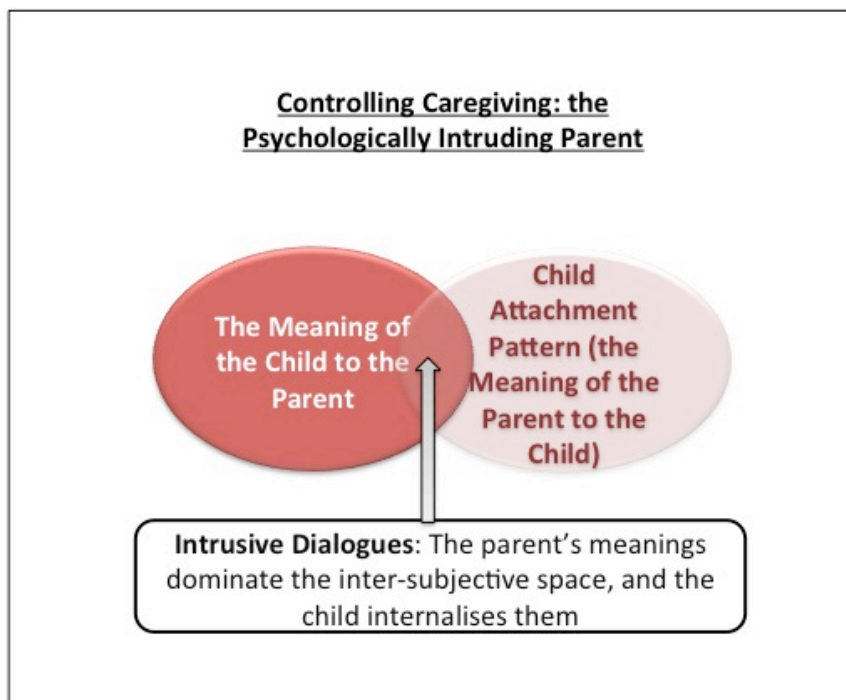
This sensitivity was also observed in the CARE-Index video taken of Leanne with Lizzie. The video showed an episode of pretend play that was beautifully contingent and mutually 'constructed' between parent and child. Lizzie set out a tea set for her toys Elbie and Cattie. Leanne was encouraging and supporting of her play, naming her actions and offering assistance without taking over intrusively. Lizzie searched for the tea spoons and after a failed attempt she turned to her mother who showed her "where they are hiding in the bottom of the bag." Lizzie pulled out two spoons holding one in each hand and smiled with pleasure. Lizzie continued to play, pretending to put milk in each cup then stir each one. Mother suggested she put the tea in before she stirs and Lizzie wafted the teapot over the cups and imitates the sound of tea pouring. This pretend play sequence continued to the pleasure of both Lizzie and her mother. Some way into the interaction Lizzie noticed the camera-person in the chair and immediately leaned into her mother, dropping her head coyly. Mother cuddled her and asked if Lizzie is feeling shy, offering an appropriate mental state to frame her behaviour. Lizzie's immediate response was to seek comfort from her

mother when feeling uncomfortable in the stranger's presence. It was remarkable that the camera-person managed to enter the room and manoeuvre herself into a chair opposite Lizzie without her being distracted from her play for several minutes. The passage of play was coded as Sensitive (on the mother's part) and Cooperative (on Lizzie's part) because of the mutual pleasure, showed in Lizzie's case by slowly developing smiles that linger after their peak, and shared, relaxed, eye contact at moments of mutual importance. The pair maintained interest in a developmentally appropriate (in the child's ZPD), jointly negotiated activity, with moderate and comfortable arousal, with 'peaks' of shared joy. In this way the 'co-constructed' play episode, freely and pleasurably created by both child and parent, mirrored the mutual and balanced inter-subjectivity shown in the interview.

Controlling Parents: Invading the Child's Psychological Space

For the controlling parent, the inter-subjective space in the collaborative dialogues, pictured in Figure 2 in Chapter 7, and in Figure 37 above, can be re-envisaged as parental dominance of the meaning making process (Figure 38 below). The colouring of the diagram illustrates the parent's need to control the inter-subjective dialogue (the intersection between parent and child), and so the meaning that both the parent and child take from it. The child is required to take on a meaning to the dialogue that echoes the parent's own, which is seen visually by the lack of a separate colour for the child (but rather a 'paler version' of the parent's own).

Figure 38: Controlling Parent-Child Inter-Subjectivity



The intrusive parent perceives the child's autonomy, and ability to make meaning of the relationship, as a threat and so 'moves into' the space that is otherwise jointly constructed in healthy relationships. The controlling parent attempts to deal with the threat they perceive from the child by attempting to make the relationship what they want it or need it to be, rather than feeling secure enough to allow the relationship to develop in a way that respects the child's subjectivity and personality. The parent needs to control the dialogue (have the 'first and the last word') because to let the child shape it is too threatening, as the child will in effect be shaping them also. The parent constructs the meaning of the child in such a way as to necessitate directing the child onto a different path from that which he or she might choose on his or her own. As we have seen, a sensitive parent acts in the child's 'Zone of Proximal Development' (ZPD), neither requiring the child to be more than they can

be nor hindering them being what they can be. The controlling parent constructs that zone so as to necessitate the parent's constant intervention. In the mind of the parent, problems in the relationship are the result of the child's attempts to contribute something different and potentially damaging to the dialogue (which is why Controlling parents commonly perceive their children as controlling; see Chapters 9 and 10: the Coding Manual). The parent's fear of the child controlling them, leads them to try and control the child.

CONTROL: EXAMPLE INTERVIEWS

This fear is vividly illustrated in an interview given by John, whose need for Tommy (his son) to be the child who gives him the comfort and intimacy that his other relationships have lacked was palpable. Tommy was presented as the sole motivation and source of John's reformation from his violent past:

If it happens, I dread to think what I'm going to do, honestly, I think, I think I'm gonna get – 'bout 15 years jail or something stupid honestly if I don't get my boy, I dread to think cos – like I said to you, that's my life – in that little boy's hands. He holds the key to my heart.

The problem is what John sees in Tommy, and himself as a parent, is largely what he needs to see, as dictated by his sense of rejection by others, need for comfort, and sense of being victimised by others (which on one occasion in the interview did include Tommy). Tommy was cast into the role of 'saviour', which both placed an unfair burden on a 1-year-old child, and necessarily distorted John's discussion of their relationship. John could not afford to trust Tommy to contribute freely in his own right to the inter-subjective space between

them, because this would have risked him giving a different meaning to the relationship than the one that John so desperately needed and needs to believe in.

Therefore, John's descriptions of their relationship were extremely exaggerated and intense. Many of his images were simply not credible. John regularly confused himself with his child, and their perspective was enmeshed and not distinguished. It was clear that whether Tommy's behaviour is affectionate or distancing, John gives a meaning to it that fits his predetermined script:

*The love, the uniqueness of my son and our relationship, cos it's one of a kind, you won't get one like me and my son has got, I don't care who you got, whatever they think. I know there is no one better than the one I got with my son. I know that much - just by looking at him - and the way he looks at me....**yeah**...and probably a bit of resentment on Tommy's part, but - he'll resent me, not the other way round, just due to whatever it is, I think he understands, in my own heart. I do. I think he knows, where he is and he shouldn't be there but - it's one of them things, its happened now, I'm going through the system. I don't want to beat the system; I want to work with the system. So...*

...so, taking first the love, can you tell me about just a particular moment, describe a time with him where, where, that has showed the love there is between you..

Every time I open that door to walk in, to see him, every time, you can just feel the love in the room. Its, I don't know if that sounds strange but,

you just can, I walk in and as soon as his arms come up, and he just wraps himself and squeezes so tight that, that just shows me he loves me and that I do the same back, I show him I love him, I don't make him feel unwanted or nothing like that cos it's not nice really, but just that, that in general, just that love that's in that room at that time and, but when I out him in the car, he won't kiss me, he won't wave goodbye – nothing, it hurts but I think I know why, cos he's having to go back, which he doesn't want to do, you can see it, he doesn't wanna do it, but that's my opinion, other people might have their own outlook on that when they see it, and see how he is, but that's my personal opinion as his father.

There appears nothing that Tommy can do to influence the meaning that John constructs around their relationship.

John's likely fear behind his need to intrude upon Tommy, is that his child may reject him as a father, or withdraw (a fear that can be seen even more explicitly in the example of Lilly and Sebby given below, from page 417). John also fears that those close to him might attack or intrude upon him (which was his childhood experience), which is why he invests so much in a child whom he can (or believes he can) simultaneously hold close and protect himself from (through controlling the 'dialogue' between them).

This need was reflected in the play episode videoed for the purposes of a CARE-Index, during the contact that took place as part of John's assessment. John's attempts to psychologically control the meaning of the relationship were mirrored in intrusive attempts to physically control his face-to-face interaction with his child. During the sequence

videoed, John was doing his best to contain Tommy on his knee whilst Tommy ate his sandwiches. This also offered them an opportunity for some physical closeness, however this needed to be balanced with Tommy's wish to explore. The issue that this situation created was how John could handle these moments of conflict with Tommy, who (used to the care of his foster carer) was confident in himself, and was making bids for independence. John was a bit flat in both his facial expression and the tone of his voice. There were a few moments when his speech was more animated and he worked hard on the task but unfortunately he did not pick up on Tommy signals early on which indicated that Tommy wished to get down from his lap. Instead he continued reading and a struggle ensued, with John looking unhappy and resentful at Tommy's lack of compliance. For example, when he invited Tommy to sit on his lap, "you come and sit up here and eat your sandwich and I will read you that book" Tommy chose to sit on the floor. John responded, "ok read it yourself then" he commented in a rejecting tone. Although Tommy felt safe enough to protest and was able to assert his independence, John was clearly disappointed and there was a hint of his own emotional vulnerability and sense of feeling rejected by Tommy tone of his voice. The fact that Tommy did not live with John made the struggle more obvious, as Tommy felt little need to comply with John's script for their relationship, and even in a short interaction, John was visibly struggling with this. Whilst Tommy's protest was psychologically healthy, given John's extreme need of Tommy to fit his meaning of their relationship, the conflict around the pair's 'inter-subjective space' would be potentially very dangerous, should this be played out through John having full time care of Tommy, especially as it was invisible to John himself.

Another example, of a mother (here called Jenny) of a 6-month-old baby, parenting a child conceived in rape (a slightly older sibling of the child discussed in the quote below), shows powerfully how the controlling parent cannot cede any 'control' of the inter-subjective space to the child, or allow the child any autonomy in the co-construction of their relationship, out of fear that the child may control *them*:

I mean 2 weeks ago, he had a bit of sickness and diarrhoea...he'd...and umm...it was funny... I was changing his nappy, and as I lifted his legs up to put the clean nappy on, the diarrhoea shot everywhere, all in my mouth and (pause) absolutely everywhere... (2-3 seconds silence) and I was like... (makes being sick sound) ...you know obviously being covered in diarrhoea it's not a nice thing... (pause) but he just laughed and he thought it was funny you know and I was like, "Look at the state of Mummy!"... (2-3 seconds pause) It's...(2 seconds pause) even being covered in shit, it's just...you know it's so hilarious, so funny...It was...(pause) obviously I stunk ?????????? made me feel a bit sick as normal, but (pause) it didn't matter...(pause) because it was my son...it didn't matter...

The meaning Jenny constructs to the child being ill is primarily one of the child's attempts to control *her*. The image of "the diarrhoea shot everywhere all in my mouth" is highly unlikely, if not impossible, to be true in the way it is described. In addition, it has unmistakably echoes of sexual violation (which we know to be part of Jenny's experience). The child is represented as mocking of the parent, which re-enforces the meaning of the event as an act of aggressive violation. Of course, such a powerfully negative meaning

cannot be openly acknowledged (to assessors whose presence threatens the much greater intrusion of the permanent removal of her child), so the mother tries somewhat desperately to cover up the hostility and fear of the child by dismissing the significance of the incident, and portraying it as a humorous anecdote. However, the power of the images and evocative language emphasise that it is the unconscious meaning that is most likely to be shaping of the parent-child relationship. Such extreme fear of control and abuse by the child necessitates a struggle to ensure that the child does not have the power to hurt the parent, or quite literally in this case, 'get inside' the parent, through any autonomous involvement in the inter-subjective space that shapes their relationship.

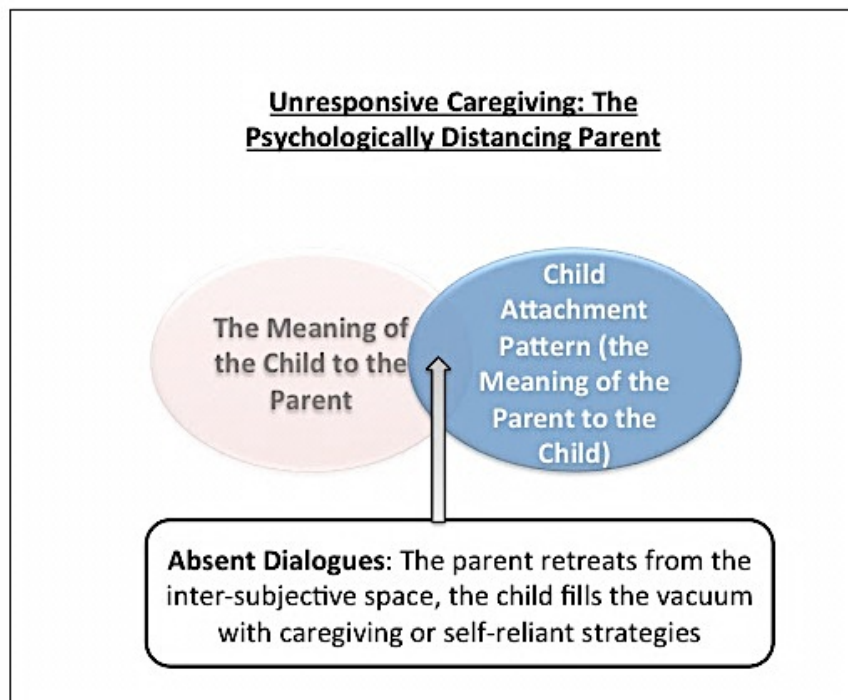
This is of course an extreme example. However, in the face of any Controlling parent's attempts to control their inter-subjective dialogue, the child can only respond in one of two ways, either to resist and try and fend off the parent (as was the case with John and Tommy), or comply (Crittenden, 2005a, Crittenden, 2007). Infants who resist are classified as 'difficult' from the perspective of the parent in the CARE-Index, and the resulting struggle is a likely beginning of Type C attachment in the child. However, even though the child is trying to struggle against the parent's intrusion, the relationship is still defined by the parent's meaning (that the child is trying to resist). Even this resistance is only possible if the parent is in some way influenced by it (i.e. is not consistently controlling). In situations where such control is predictable and pervasive, the child is likely to try and comply and attempt to take on (and internalise) the meanings that the parent gives to the relationship. This conformity and internalisation of the parent's (external) perspective heralds the beginning of Type A attachment in the child (Crittenden, 2005a, Crittenden, 2008). This

outward compliance is accompanied by withdrawing and shutting down emotionally, as, in a sense, the child is mirroring here what the Unresponsive *parent* is trying to do (see below).

Unresponsive Parents: Psychological Withdrawal from the Inter-subjective Dialogue

By contrast, the defence of Unresponsive parents to the perceived threat of the child's ability to shape them is to withdraw from the dialogue. This is depicted visually in Figure 39 below. The transparency of the Parent's oval signifies the parent's psychological absence from the meaning making process, which leaves the child in the vacant inter-subjective space, as the child needs to try and engage the parent in order to elicit protection. The unresponsive parent constructs a meaning of the child that justifies their own lack of genuine participation in the conversation. Usually the child is idealised, constructing the ZPD such as to underestimate the involvement the child needs, and facilitate parental absence. In the case of depressed parents, their own involvement is pathologised and seen as ineffective or unhelpful; so exonerating psychological and often physical withdrawal. However, assuming that the unresponsiveness stops short of actual physical abandonment, the child is still physically there, and so there must, by necessity, be some kind of dialogue. The parent's psychological absence leaves a vacuum that the child has to fill for his or her own survival. The child becomes the driving force in the dialogue, and to some degree at least, also becomes the psychological parent.

Figure 39: Unresponsive Parent-child Inter-Subjectivity



The fear of the unresponsive and withdrawing parent appears to be not so much what the child will do if given autonomy in the relationship, but what the parent will feel like if fully 'present'. What is particularly striking in the interviews of parents classified as Unresponsive in the Meaning of the Child is the extent to which they are absent psychologically in their discussions of the child, as much as the lack of 'knowing' of the child him or herself.

UNRESPONSIVENESS: EXAMPLE INTERVIEWS

This absence was especially clear in the example of Amanda, who was being assessed in regard to her child, Tim, in a residential centre. Amanda's emotional absence is painfully obvious throughout her interview transcript. Amanda recognised that things have gone

wrong in the past and acknowledged that she was not there for her other children. She was desperate not to go the same way with Tim and is motivated to put it right. Amanda owned up to past difficulties in connecting with her children, in reading their signals and responding to them. She stated clearly her intention to be different from Tim.

However, Amanda's accounts were very practical and 'cognitive' – listing what 'a child' needs but almost entirely lacking in personal detail about **her** child. Unfortunately, knowing that she needed to be attentive is not enough, as a parent needs to be able to see their child as a separate person, with a range of thoughts, motivations and feelings. Throughout the interview Amanda struggled with questions that tried to elicit her perceptions of Tim as a person. For example:

And him being a little baby, what do you think his favourite things are to do or his favourite times in the day?

Well, he's mainly awake first thing in the morning and he likes to play with his play gym and his soft toys, and he likes ya to talk to him and stuff

Ok so he has good times first thing in the morning and playing? Yeah.

Ok and what are the times or the things that he has most trouble with?

When he has a bath cos he doesn't really like his baths. ***Right.***

Cos he does cry a bit when he has a bath.

Does he, yeah, is it the, why do you think he doesn't like having a bath?

Cos there's not a lot of water in it for him, and he's used to keeping, when they're used to having clothes on they're exposed and they get cold quicker.

Yeah, some babies don't like being undressed.

He doesn't, whenever you undress him he does literally cry.

Yeah, ok. And what would you say you like most about your son?

Being able to talk to him and play with his toys with him.

Hmmm. Yeah, so you like playing with him? Yeah.

And what about him would you say you like least?

Nothing, nothing at all.

No, there's nothing about him that's difficult to manage or? No. No.

*Even when he's upset I can cope with him, I just know how to look after him and calm him down and tell him everything's ok, and when you tell him everything's ok he calms down **Hmmm.** But he's having a bit of a problem at the moment cos he's teething. **Right.** But we've got under control I have cos when he starts crying I give him his dummy and that soothes him.*

Right, he likes that, ok. Ok, we've got a bit of a picture of Tim and of you. Yeah. I want to look a little bit about your relationship with Tim.

Yeah. Ok, ummm and think about how that is, ok. So can you think of three words or phrases that would describe your relationship?

It's a good relationship with me and Tim. We're bonded, he's happy with me and there's the occasional time when he's upset when he's in pain

Yes, ok, you say you are bonded, can you give me a for example?

He knows who I am.

So when did you last have that feeling that he knew who you were?

Well I've never had that feeling that he's not known who I am.

Hmmm. Can you give an incident, like a memory that you have of a time with him that will show us, you know illustrate to us?

I think when he was in foster care for them two weeks he was a bit confused cos he was backwards and forwards to me and his Dad. I think he was a bit confused then, cos I was trying to breastfeed, but because he was backwards and forwards it wasn't happening very well.

When parents cannot connect with their children, but are very aware of the need to, the danger is that they assume a connection, assume feelings that are not there. Amanda was not able to give any evidence for what Tim “knows”, or describe him in personal ways at all. She could only assume a mental life for him.

Amanda was unable to give accounts of lived, personal experience, with imaged and unique detail, that is seen in accounts of relationships where people are connected to each other.

What was especially noticeable in her accounts was Amanda's own absence as a feeling person, in both her expression and the content of her accounts relating to her relationship with Tim. A parent who cannot connect with her own strong feelings (both of joy, and of anger and distress) will struggle to recognise or comprehend her child's. We saw above with Leanne, how she remained connected to her child in both her sadness and her joy. However, Amanda could only describe Tim functionally, in terms of what he did, and his lack of negative feelings, and her own about him. She emphasised that Tim only made a fuss when in pain, which is the most critical of attachment emotions – signalling an emergency. Her accounts suggested that Amanda was likely to be unresponsive to Tim's demands, because her way of coping is to push all such uncomfortable feelings out of view. Even her own accounts of how they were together suggested unresponsiveness, such as when she described playing as supplying verbal information rather than interacting. Amanda struggled throughout to 'bring alive' any inter-subjectivity between herself and her child, despite her obvious determination to be a good mother to Tim.

This was also seen when Amanda was videoed with her son through the CARE-Index. Amanda's intonation is largely monotonous, even when apparently playful, it had an unvarying quality, lacking in contingency to what Tim was doing. She spoke relentlessly to Tim, giving no opportunity for Tim to form and give a response to his Mum. Although the position would allow for eye-to-eye contact, Amanda offered little or no support for Tim's head, allowing it to flop backwards and appearing very unsafe for the baby. This would have been uncomfortable for Tim who would have used up much energy managing an uncomfortable position.

Amanda maintained a blank facial expression throughout the screen, except when looking towards the camera and attempting to interact with other adults. Tim's facial expression mirrored his Mother's. Amanda also glanced towards the camera furtively. Amanda was able to animate herself in response to the outside world, but could not do so in relation to her son.

Tim was not afraid to protest about what he did not like, but his high degree of passivity mirrors Amanda's unresponsiveness. Amanda's display is flat and relentless, and gives nothing for her baby to 'connect' with, even though he appears very ready to engage at the beginning of the interaction. Tim therefore passively disengages, as there is no meaningful communication between him and his mother. The video is a sad display of a mother who wants to do well but cannot find a way of engaging with her son.

However, there are parents more expressive than Amanda, who still absent themselves psychologically through the manner in which they give meaning to their relationship with their child. For example, the following excerpt:

And you say you're both 'smilers'. Can you give me a time perhaps that comes to mind? (overlapping) Erm... Recently where you both have been really... (overlapping) Yesterday... Smiley together. (pause) (overlapping) Yeah.

I saw him yesterday and umm (pause) he turned up and he just smiled and I smiled back and he was just full of smiles. [upbeat tone describing the moment]. Mm hmm. And then umm (pause) all through the day

when we were (pause) looking at books (pause) doing 'Row, Row, Row Your Boat' (pause) we were smiling. It was just so beautiful and I just really enjoyed it.

This mother (here called Claire) is enthusiastic about her relationship with her baby (aged 10 months). However, the use of the word “smilers” to describe their relationship, gives an action word in place of a feeling one. Claire is gushing in her tone, but the effect is to ‘objectify’ the relationship, rather than describe an inter-subjective meeting of her with her baby. She chooses the same two examples (‘Row, Row Your Boat’ and playing with books) that she has given to describe their relationship as “playful”) and makes them into timeless examples to be admired (“all through the day”, “so beautiful”, “he turned up and he just smiled”, and “he was just full of smiles”), rather than personal experience of truly meeting another person. The language makes her child ‘more than’ a child, having more of a feel of meeting a lover in a romantic novel than parenting a 10-month-old baby. In doing so, Claire distances herself from participating in the dialogue, talking as if admiring from a distance rather than truly being there. The price of this absence is that she cannot therefore truly know her real child apart from the fantasy she has created. This is of course making too much out of just one brief example, but it is illustrative of a pattern present throughout the whole interview, and also observed in their face-to-face interaction.

Looking at the situation from the child’s perspective, the parent’s withdrawal from genuine inter-subjectivity gives the child few options. At first, the lack of any attempt by the parent to make the baby’s communication meaningful means that the baby cannot learn that they have a meaning to another person. In a sense, at this early stage there is no inter-subjective space. To put it in Winnicott’s language (quoted in the introduction) the baby gazes up at

the mother's face and finds nothing therein: there is no mirror. Faced with this (or more literally not 'faced' with anything with inter-subjective meaning) the baby becomes passive and 'switches off' (Crittenden, 2005b, Crittenden, 2007). However, human beings are adaptive, and maturation offers a greater array of options to the developing child. If the parent is not consistently unresponsive the child may attempt to cajole the parent into taking part in the dialogue (and acting more protectively). This is another starting point of Type C attachment, where the 'push-me, pull-you' effect of alternating displays of excessive vulnerability and punitive anger seek to involve the parent in a struggle so as to draw them back into the dialogue (Crittenden 2005, 2008). In a sense such children are trying to re-create what controlling parents do so as to move themselves closer to the parent, to keep them available.

Alternatively the child may take care of the parent in a role-reversed way, which is a Type A pattern in the DMM (Crittenden 2008, see also Chapter 9 in the Coding Manual and Appendix 1 below). Such children are trying to prop the parent up, so that they can take part in the dialogue, by being 'extra good'; if they are all a parent could ever want, then the parent may feel less futile and/or ineffective as a parent, and so be a more protective and active presence in the relationship. Finally, pervasive and unrelenting unresponsiveness leaves a vacuum that cannot be altered. In the absence of a strategy to bring the parent psychologically closer, the only thing that the child can do is 'drive their own train' and seek to meet their own needs, and manage their own emotional arousal, as best they can.

The Meaning of the Child Beyond Infancy

Research using the CARE-Index provides some validation of this analysis of child outcomes, given the connection between the two measures that has been established in this study, particularly in the understanding of troubled relationships. However, further analysis of the relationship of the Meaning of the Child with the attachments of older children is needed. For example, interviews have been carried out with parents of preschool and school-aged children in conjunction with attachment story stems (Emde, Wolf & Oppenheim 2003, Farnfield, 2009). Analysis of the relationship between the two would not only allow for further understanding of the developmental consequences of the Meaning of the Child, but also allow for testing of some of the hypotheses around different attachments in large families, suggested at points in this study. These hypotheses arise out of clinical work already conducted using the Meaning of the Child with complex families, but are in need of being validated by way of a properly conducted study. Similarly work carried out using the Meaning of the Child with parents of older children using the Child Attachment Interview (CAI: Shmueli-Goetz et al., 2008) and/or the School Age Assessment of Attachment, and Transition to Adulthood Attachment Interview (SAA and TAAI: Crittenden, Kozłowska & Landini 2010, Farnfield et al., 2010, Crittenden et al., 2013) would also assist in following the developmental pathway of relationships characterised by the different Meaning of the Child patterns, and assessment of risk in parent-child relationships.

Whilst the Meaning of the Child procedure has been developed within the field of attachment theory, and so the focus has been on its place in the 'transmission' of attachment from parent to child, the origin of the idea came from studies relating to Child Protection, and in particular the seminal research into fatal child abuse of Reder and Duncan

(Reder, Duncan & Gray 1993, Reder & Duncan 1999). Further research is therefore needed of the outcome of the Meaning of the Child patterns and level of risk upon children, using other indicators of child welfare and social functioning, as well as longitudinal research in order to assess the stability of, and change in, the Meaning of the Child patterns in relation to other developmental indicators, as well as the history of the parent-child relationship (e.g. outcome of child protection investigations, future separation/reunion, and any future concerns about the parenting of the child). By the same token there is potential for using the Meaning of the Child with adopters and foster carers, not only in relation to comparison with other methods of assessing their care of the fostered child, but also in following up the pathway of the child, subsequent to separation from the parent. In this sense, this preliminary validation of the Meaning of the Child represents a beginning rather than an end goal.

The Origin of the Meaning of the Child Patterns: Relationship with the AAI

Because of the research carried out with the CARE-Index and assessments of infant attachment (see Farnfield et al. 2010 for a review) it is possible to conceptualise with some confidence the impact of the Meaning of the Child patterns on the child, as described above. However, the same is not true in relation to the origins of the Meaning of the Child patterns (i.e. what process leads a parent to become Sensitive, Unresponsive, or Controlling and what determines the degree to which this occurs). Whilst the adult's AAI classification is predictably connected to their history (Crittenden & Landini 2011), the relationship between the Meaning of the Child and the AAI is, as has been argued, complex and systemic in origin (see especially the discussion above from page 110 in Chapter 7, and Figure 1

above). In a sense this was one of the original purposes of the Meaning of the Child; to develop a tool for assessing parental representations that was related dyadically to the interaction with the child, so that the relationship between this to parental representations of their own experiences of parenting could be investigated rather than assumed. For this reason, the AAI was not part of the *validation* of the Meaning of the Child. However, it is nevertheless still regrettable that this study lacked the resources to properly and fully investigate the link between the AAI and Meaning of the child.

Clinical use of the Meaning of the Child with the AAI allows at least some tentative hypotheses to be drawn up for future research. Whilst one would anticipate security (Type B attachment) to be linked to Sensitivity (or at least near sensitivity), Type C or Type A attachment is not thought to be predictive of Control or Unresponsiveness, respectively, despite similarities in the manner of self protection. Neither is the relationship thought to work the other way around, despite some indications to that effect in one study (Crittenden et al., 2003 discussed above, Chapter 5).

In the case of Type A attachment, as in the case example of Belinda and Bobbi in Chapter 13, the parent may wish to distance themselves from negative feelings in the relationship (as Belinda did in respect of their *past* relationship) but find that the negative feelings inherent in the relationship are too great to be 'idealised' away without severely distorting reality. These parents revert to a Controlling pattern of caregiving with their children, intruding upon their children in order to try and prevent the perceived threat of their child intruding upon them. Alternatively, the more extreme dismissal of reality occasioned by chronic fantasising or idealising in the face of significant anger and difficult feelings can occur in more extremely defended and inhibited parents using a Type A strategy (usually Type A 7-8,

or those with types of trauma that is denied, dismissed or hidden away in some manner, see Appendix 1). In the experience of the researcher, though an insufficient sample exists to establish this, the most serious and dangerously unresponsive parents have a 'high' A pattern (A5-8, see Appendix 1) with accompanying unresolved trauma and/or loss. Some may have an A/C pattern.

In the case of Type C parents, given their capacity for an enmeshed struggle in relationships it would be thought that this would be repeated with their children. In many cases (e.g. that of John and Tommy described briefly above) this is the case, however again there are exceptions. Some Type C parents are so preoccupied with other relationships that they are able to absent themselves from their child in an Unresponsive fashion. In assessment of parents of multiple children, use of the Meaning of the Child suggests that some parents may have different meanings (and so different patterns) for different children. A parent using a submissive Type C strategy (C4 or C6, see Appendix 1) may have an idealised role-reversed relationship (in an Unresponsive pattern) with one child who takes care of them (with an A3 compulsive caretaking pattern). Seen from the child's vantage point, the child's compulsive caretaking strategy is so focussed on the perspective of the adult that the parent does not need to psychologically intrude to have the desired effect. However, the same parent may be engaged in an enmeshed, psychologically intrusive struggle with another child (and so be classified as controlling). As we have seen, the shaping of the Meaning of the Child needs to be understood systemically, within the context of the inter-subjectivity and meaning making of the family as a whole (Crittenden & Dallos 2009, see also Chapters 6 and 7).

It would be thought that A/C parents might be both Unresponsive and Controlling, but transcripts exist that suggest that a parent with an A/C attachment pattern might have either caregiving pattern with their children. These transcripts do not however have reliably and externally coded AAI data, so no clear hypothesis regarding A/C patterns can yet be made.

In some transcripts it is apparent that the 'Meaning of the Child' to the parent is organised around a particular danger or threat, which may be a trauma or loss from childhood, but may also be related to more recent events such as conception of the child through rape, or violence from the child's father. As has already been argued, particular features of the child such as their facial features or gender may contribute to the negative meaning around which the caregiving is organised. Such interviews would suggest that in some cases the particular Meaning of the Child pattern is derived more from particularly acute trauma or loss, or experiences of trauma/loss that are in some way bound up with the child. Again, where this 'selection' of some dangers, or features of the child as significant may appear random from the perspective of the AAI alone, the answer is likely to be at the family systems level (or even reflect meanings derived from social or cultural context, where these are shaped by significant and pertinent dangers).

Finally, there is the question as to whether particular sub-patterns of the AAI may be more or less associated with Control or Unresponsiveness in the Meaning of the Child. For example, would an A3 Compulsive Caregiving pattern (see Appendix 1) be more associated with Control in the form of intruding upon the child to prevent the child's distress (negative affect) as we saw with Belinda and Bobbi, than an A4 pattern of Compulsive Compliance,

which is a pattern based around fitting in with others and withdrawing psychologically (and perhaps might be more associated with Unresponsiveness)?

Clearly more data is needed to validate these hypotheses or suggest alternatives, and help develop these intuitions from experience of using the Meaning of the Child into a more comprehensive and coherent theory. Such a study involving the AAI and the Meaning of the Child may require more constructs or more complex analysis than simply comparing the AAI patterns and those of the Meaning of the Child, in order for example, to understand the effects of more recent 'trauma', such as abusive relationships (which are not always picked up in the AAI), or child specific trauma/loss, such as enforced separation from the child, or the diagnosis of disability (Oppenheim et al., 2009, Pianta, Marvin & Morog 1999, Solomon & George 2000), as well as meanings organised around dangers in the 'wider' family and social systems (Crittenden & Dallos 2009). As has already been observed, whilst central organising patterns are both helpful and necessary, part of the aim in developing the Meaning of the Child has been to develop a 'toolbox' of constructs with which to analyse interviews and make these more specific meanings visible (as is apparent from the case examples discussed in this and the preceding chapter). However, the initial validation of the Meaning of the Child procedure and construct creates, it is hoped, a valuable opportunity for further research to 'fill in the links in the chain' and perhaps find further organising concepts that help understand, in a more generally applicable way, the process of 'transmission' envisaged in Chapter 7, and visually in Figure 1 on page 110 above.

A Systemically Aware Approach to the 'Transmission' of Attachment Relationships: A Case Example

These complexities, and the systemic way in which past attachment relationships are played out in current family ones, are vividly illustrated in a transcript of a mother, who is here called Lilly. Lilly's breakup of her relationship with the children's father (here called Steve) echoed her own rejection in childhood and dominated the meaning she gave to her 2 children, (whom we shall call Sebby and Laura). Lilly had suffered chronic rejection, humiliation, physical abuse and emotional neglect from her mentally ill mother, who at the same time 'needed' her, and made her feel responsible for her mother's suicide attempts. These Lilly felt were abandonments, signifying her mother's rejection of her as she was not "worth staying alive for" (her words). Lilly's more positive relationships were with her mother's male partners, but these relationships ended in Lilly feeling even more abandoned when these men split up with her mother.

This provided the context for Lilly perceiving her separation from the children's partner, Steve as yet another abandonment, a traumatic 'meaning' that shaped her perceptions of her two children. When asked, who her son Sebby reminded her of, Lilly replied:

*Steve **yeah** and I think it's weird, because don't – speak that highly of Steve anymore seeing as we have broken up, but we have got a lot of history, but all I see is Steve, but it doesn't bother me **mm** because he [Sebby] is still so beautiful that I don't see – anything that I see in him that is Steve, is good stuff, the only thing I see in him that I don't like is his anger that he has got from Steve.*

It is clear that Sebby, (aged 4) is associated strongly with both the rejection she received at the hands of Steve (“all I see is Steve”), and her unresolved continuing need of him, triangulated through her son. For this reason, she both demands and desires an extreme closeness to Sebby, and feels by the same turn rejected by her child’s need for “personal space” (her own words elsewhere in the interview). At times, Sebby is described as her “number one man”, but he is also blamed for “withdrawing from her”, as Steve did in leaving her (see below). This also fits with the process described above for the ‘intruding’ parent who struggles with the child for control of the inter-subjective dialogue, because she fears another rejection if the child is allowed an active role.

Her breakup with Steve also defines the meaning she gives to her daughter (aged 2), but differently:

*I always wanted a girl, and she is everything that I wanted in a girl. She’s got – she is beautiful, I can dress her girly, she is girly, she is just everything that I ever wanted in a daughter, and I love that – I think when Sebby – it was me and Sebby, we built up a really close bond and then when Laura was born I felt like because she came into a family where it was – where I was already separated with Steve, it was the three of us, **mm**. I felt that I created this bond with Laura that no-one else had, **mm**, and I know how much she loves her dad and stuff and things like that and she is really great with people, but I feel that I have got something with Laura that no-one can come in-between, that she is always going to be there, that she is always my girl and is – I don’t know*

*what it is, it's the love she gives me, sometimes it's difficult to get off
Sebby when he withdraws from you, and Laura is always there.*

Here, Laura appears to function as a replacement for Steve, coming into the family when he left so that they could be a family ("the three of us") in a way she elsewhere described of Steve, Sebby, and her. Laura is described as a psychological partner (or parent) to her mother, using language that is more appropriate to an adult relationship. They have a bond that "no-one can come in-between"; she is "always there" for her (as many adults speak either of their parents or partner).

These double meanings are perhaps not coincidental, as Lilly described an "unbreakable bond" with her own depressed mother, with whom she has and had a psychologically damaging, enmeshed, and role-reversed relationship:

*It's really strange, because we are not close, and we don't talk about things, yet we seem to have like an unbreakable bond **mm**. I know that's really sort of contradicting, but it is – there is something about it that no matter what **hmm** we will be by each other's side no matter what we go through, **hmm** we have just got this unbreakable bond that no sort of – none of the boyfriends or the fam...no-one ever came between us, **hmm** yet when we sit, sat down with each other we didn't really do anything **mm** like, that's why we weren't close, but this bond was – was strong enough to know that we were sort of unbreakable **hmm** erm that she was – she was so strict. Erm **hmm** she was – I don't know she was always so upset and stressed, never happy **hmm** okay.*

However, she contrasts her daughter Laura with her other child, Sebby, who “withdraws from you”, which explains the way in which Lilly must intrude upon him out of fear that he might abandon her (see above). The gender of the children, and the timing of their births, is significant in the different meanings given to them. Lilly explicitly drew attention to how Sebby was named with a name beginning with the same letter as his father, and Laura after her own name.

Lilly’s role-reversed and triangulated use of the children to provide what she needed in the light of the break-up with Steve, is explicitly described by her later in the interview, telling the interviewer that her children “have made me feel safe when Steve wasn’t there”:

*L: I think - with Sebby and Laura for me, they have made me feel safe when Steve wasn't there – everything that was going on **mm** I knew that once that door was closed and it was the three of us that they were like my security, that no matter what else was going on with Steve, they made me feel safe and sort of worthy and that they were there. It's like they were there for me, like although they could talk to me or do anything for me, them being there and them giving me cuddles was enough is, erm, – I remember when myself and Steve broke up and Steve left the house and it was just me and Sebby, Sebby saw that I was crying and he just cuddled me **hmm** and that's all he took and he was cuddling me, and he was wiping my tears, and it was something that I tried so hard to stop in front of him **mm** but he made me feel safe, he made me feel it's okay, cause Sebby was there and Sebby was looking after me.*

Lilly's interview was classified as Unresponsive and Controlling (High Risk) in the Meaning of the Child for the way in she both needed to intrude on the children, distorting the meaning of their relationship because of her own chronic fear of rejection and abandonment, and also withdrew from them in the face of their negative affect, which she could not square with the fantasised relationship she needed to believe in. This was seen in her wildly confused and contradictory accounts of the children. She oscillated wildly between idealised descriptions of the children, speaking about them in eulogising, almost worshipful tones, and negative, hostile representations of the children as out of her control, without being able to integrate these opposite perceptions of her children into something more balanced and age appropriate.

It was clear that Lilly feared her children's negative feelings. Laura was described in semi adult tones as a "diva", whose outbursts were "horrible to watch" and who is "one of those children gets what she wants the majority of the time because I can't say no to her". However, she is unable to make sense of this, and at other points in the interview emphasises how easy Laura is, and how "she is not difficult to deal with; I find it easy to deal with her."

Similarly with Sebby, she described in him contradictory ways, even in the same sentence. For example, within the same answer, Sebby was described as "always happy", "sad" and also "fiery", the latter suggesting that Lilly is fearful of her son's anger:

He's just – he is always really happy and he is always smiling, there is some sort of sadness I get off him....

*He's just – he is quite timid, I guess **mm** erm, which I wouldn't say him – he's a fiery kid – he is emotional but he brings it out in such a fiery way and at the moment, he just seems really sad.*

Her fear of Sebby's anger, was made explicit elsewhere as Lilly described herself as unable to act in the face of his anger, except walk away, or "stare" at her distressed child:

*On several occasions, I would shout at him and then the moment that I saw that I had upset him I felt really bad, because I couldn't – I couldn't really do anything I just feel really bad and then sometimes I had to walk away from him – put him in his bedroom. We live in like a coach house, so like we could see if from the living room and things, and I would put him in there – a lot of the time there is something about me, I don't know why I do it – I stare a lot **mm**. So if I am watching him being angry, and I can't do anything, I sort of – just look at him, **mm** almost trying to figure it out because I could feel myself getting angry – watching him get angry and not – not able to do anything.*

In terms of the wider history, despite Lilly's evident desperation to be a good mother, she was believed by professionals to have inflicted significant injuries (bites and bruises) on both children, as well as not giving them medical treatment when they needed it. The manner in which her rejection by the children's father defines the particular meanings that she gives each child is clear from the interview, as is the way in which the way they both replace her

partner in different ways, as well as reflect different alliances in the ongoing co-parenting relationship post separation.

At same time, the origins of the way in which the parent-parent relationship distorts the way this mother perceives her children, would appear to lie in her own past traumatic experiences of a depressed and abusive mother, and her unacknowledged and dismissed rejection and lack of comfort in childhood. It is the combination of the two perspectives that is interesting. Looked through the lens of the AAI, it is possible to see the mother's likely A/C pattern of attachment played out in the way she oscillates in her representations of the children. However, what is particularly interesting is how her fear of rejection, although arising out of past unresolved trauma in childhood, takes on a meaning in respect of her more recent rejection by the children's father. The Meaning of the Child, understood in conjunction with the AAI, shows how Lilly's 're-transcription' of her childhood story into her present one has invested the children with 'parts in their mother's play' that have been so damaging to them. The Meaning of the Child shows where past and present meet to shape the future parent-child relationship. The interview classifications (A/C, Unresponsive and Controlling) have plenty of evidence to support them, and they are an important part of validating the inferences made. However, it is the triangulation of the 2 data sources in a case specific manner that helps understand the 'transmission of attachment' in this particular case, as well as the specific risks to the children.

Concluding Thoughts

The Meaning of the Child, as the example just given indicates, was developed as a clinical tool to assess, identify, and intervene in struggling and 'at risk' parent-child relationships,

more than it was conceived of to provide generalised answers to the puzzle of ‘transmission gap’ in attachment. The concept drew the idea of the ‘meaning of the child to the parent’ from the studies of fatal child abuse of Reder and Duncan, who define the meaning as...

... a facet of interpersonal relationships in which one person has a particular significance for the other, such as carrying certain expectations of role or behaviour, representing unresolved conflicts and influences from the past, or as part of a web of wider interactional patterns in the present. As a result of these influences, children may acquire an undeclared script or blueprint for their life that is consistent with the family themes, but submerges each child’s personal identity and characteristics. (Reder & Duncan 1995, p. 42)

The point is that ‘the meaning of the child’ to the parent is at once something particular and specific, a meaning created out of developing inter-subjectivity between parent and child and also at the same time, part of a much ‘wider web’ of influences both from the parents’ past, and the family context. The attempts in the attachment literature to describe and delineate all the possible influences on the shaping of child attachment risk, tend to result in either a narrowing down and concentrating on the mother and baby at the expense of the ‘big picture’, or alternatively becoming incredibly complex, as can be seen by the attempt (in a simplified form!) to represent the wider web in Figure 1 above on page 110. However, the concept of ‘meaning-making’ in relationships, and the ‘meaning of the child to the parent’ in particular, provides something of a way out of this dilemma, by allowing both the necessary breadth and depth to be seen in the same lens. The meaning a parent gives to the child is both personal and subjective, but by making it visible and open to analysis through a

procedure such as the Meaning of the Child, the 'wider web of influences' can also be seen, and their influence assessed. The issue is not the source but the nature of the distortion, and the way in which the 'reality gap' impacts upon the on-going dialogue between parent and child.

It must not be thought that either the person and subjective 'lens' or the wider systemic 'lens' is a better, more accurate, or a more healthy view. Each can be corrective of the other; family and social influences and meanings can be corrective or ameliorating of problems in the parent-child co-construction of their relationship. Conversely, as we saw in the story of Leanne discussed briefly above, it can work the other way around. The personal connection that existed between Leanne and her daughter, led her to challenge the powerful meanings given to her relationships by her family and the outside world, and brought about a more sensitive and loving relationship with her daughter than might have been predicted, had her status and social position not been challenged in the way it was. The 'meaning of the child to the parent' is not just about identifying risk, but also a potential catalyst to re-organisation and change. It is hoped therefore, in enabling this 'bi-focal' perspective on relationships, that the Meaning of the Child can make a useful contribution both to the assessment of particular children and their families, and towards understanding the influence of adult patterns of self-protection in the protection and nurture of children.

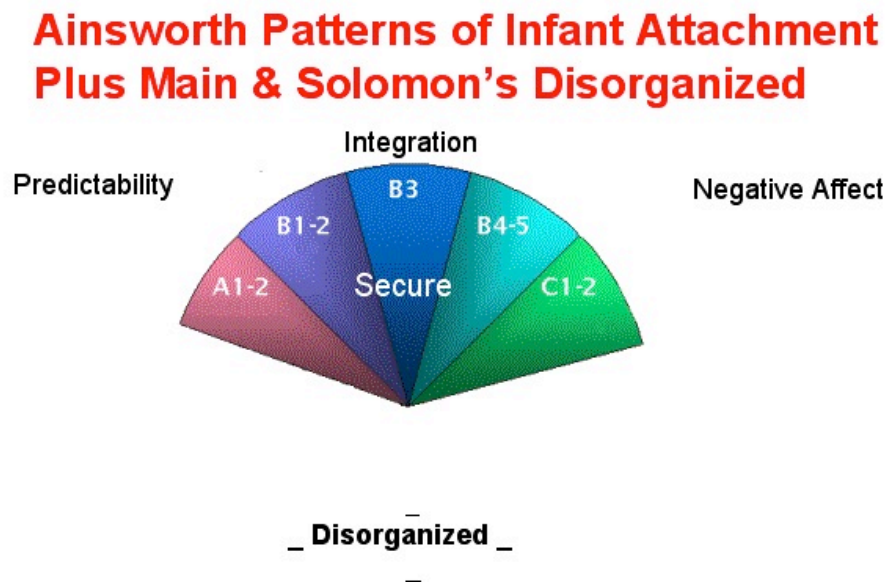
APPENDIX 1: DIFFERENT MODELS OF CONCEPTUALISING AND CLASSIFYING ATTACHMENT

A fuller introduction to and explanation of attachment theory, and its relevance to parenting is given in Chapter 9 in The Coding Manual, focussing particularly upon Crittenden's Dynamic Maturational Model of Attachment (DMM: Crittenden 2008, Crittenden & Landini 2011, Farnfield et al. 2010). However, much of the literature discussion in Section A is based upon, or makes use of, the system of classifying Adult Attachment developed by Mary Main and her colleagues (Main & Goldwyn 1994, George, Kaplan & Main 1985). The differences between the two models are explained briefly below.

The ABCD Model

Ainsworth's original attachment classifications of infants in the Strange Situation (Ainsworth et al., 1978) did not fit infants of parents in 'Risk' samples, such as mentally ill adults, or families in child protection settings. Main and Solomon (1990) developed a further classification of 'disorganized' to include children whose fear of their parents prevented them from 'organising' a coherent pattern of attachment. In adults, the 'disorganised' pattern is thought to refer to adults with unresolved trauma or loss, or those whose attachments are incoherent and cannot be classified as any other pattern (Hesse 2008). For this reason, the system developed by Main and colleagues is often referred to as the ABCD model of attachment (see below):

Figure 40: The ABCD Model of Attachment



(Figure reproduced from Crittenden 2010)

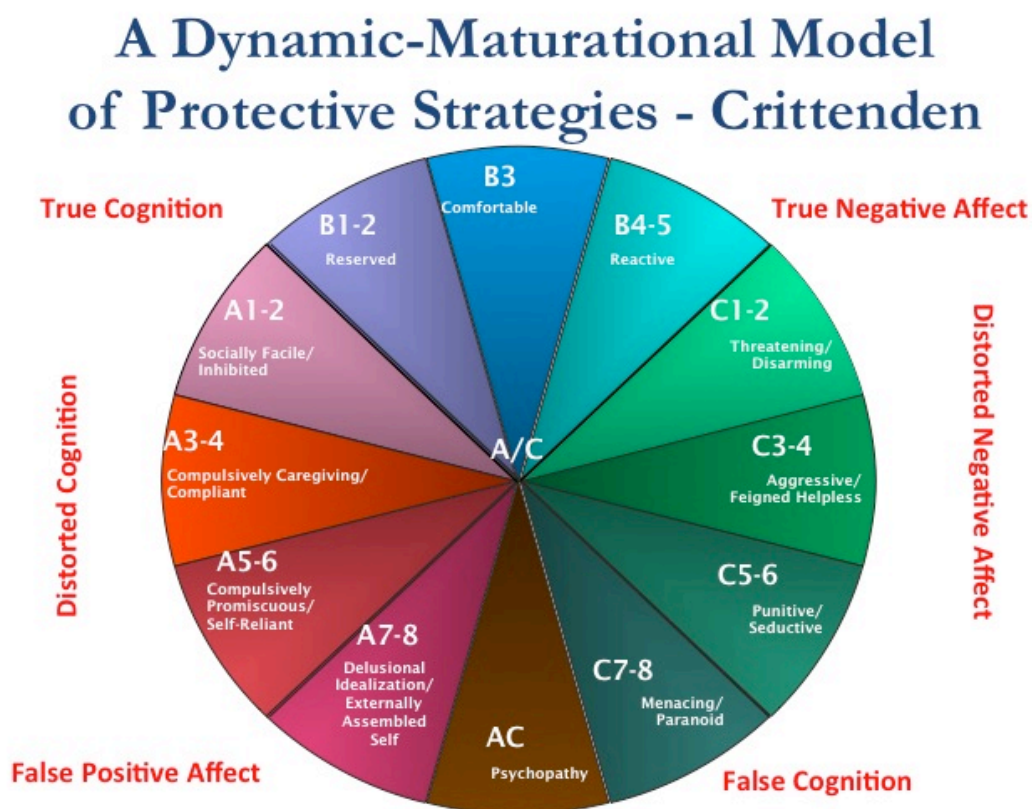
In Main and colleagues' system, Type A adults are thought to dismiss their attachment needs and minimise the importance of relationships (and so are termed 'Dismissing'), while Type C are overly focussed on attachments and relationships, in a confused and incoherent way (and so are termed 'preoccupied'). Type B adults are seen as securely attached.

The Dynamic Maturational Model of Attachment (ABC+)

Crittenden (e.g. 2008) considered the Disorganized category a backward step, arguing that danger rather than safety is the prevalent human condition, and that human beings are capable of adapting to conditions of danger and organising a response. She also considered

that maturation offers advantages that allow individuals to organise a response that might not have been possible when they were younger. Accordingly, in the DMM model of attachment, Crittenden extended Ainsworth's ABC patterns to include a much fuller array of strategies than are possible in infancy, but retaining the basic ABC distinction (hence the DMM is also referred to as the ABC+ model). Crittenden's patterns are depicted below:

Figure 41: The DMM (ABC+) Model of Attachment



(Reproduced from Crittenden 2010)

A brief description of Crittenden's patterns is given below. In addition to the extension of Ainsworth's patterns and the lack of the Disorganized classifications, one of the main

differences in Crittenden's theory is her attention to who or what is being dismissed. Those who are dismissing of other people's feelings would likely be classified as Type C in the DMM for example, rather than Dismissing (Type A) in the ABCD model. Some inhibited Type A patterns in the DMM would be classified as fearfully preoccupied (Type C) in the ABCD model (Crittenden et al., 2003). Crittenden's approach to classifying the Adult Attachment Interview (Crittenden & Landini 2011) incorporates a detailed theory of information processing under conditions of threat, along with further modifiers (e.g. depression, reorganisation) and kinds of unresolved trauma (e.g. dismissed, preoccupied, blocked, hinted, and vicarious). These constructs, insofar as they are relevant to the Meaning of the Child and its validation, are outlined more fully in Chapter 9 (the Coding Manual).

However, as some of Crittenden's patterns are referred to by name in the discussion, they are summarised in brief below (drawn from Crittenden 2008, 2010, Crittenden & Landini 2011):

TYPE B PATTERNS

B3: Individuals using Type B strategies expect safety, nurture and protection from others. Adults and children using a B3 strategy are balanced in their use of cognitive and affective information in relationships. They do not need self-protective distortions in the manner in which they perceive themselves and others.

B1-2: Individuals using a B1-2 pattern inhibit negative feelings (affect) more than B3, but remain balanced in their overall perceptions.

B4-5: Individuals using B4-5 patterns exaggerate negative affect, with B4 occasionally sentimental, and B5 somewhat irritated, but both nevertheless are essentially balanced in their integration of their own and other's perspectives.

TYPE A PATTERNS

A1-2: Individuals using A1-2 strategies inhibit negative feelings in conditions of mild threat and tend to distance themselves from danger. They will not, however, ignore serious threats to self and child. Adults using an A1 strategy tend to be cool and business like, and those using an A2 pattern may be more socially engaged, but somewhat facile in respect of a tendency to avoid uncomfortable situations and subjects. These patterns are not associated with psychological or parenting difficulties, except possibly when accompanied by trauma.

A3: Individuals using the A3 strategy (compulsive caregiving) inhibit their own negative feelings to focus on accommodating those of their caregiver or attachment figure(s). In childhood they tend to try and take care of withdrawn or depressed caregivers, seeking to raise their carer's arousal, or otherwise enable them to engage with the world and function more protectively. As adults, they are prone to 'rescue' others and often find employment in professions that value their ability to meet the needs of others.

A4: Compulsively compliant individuals focus on anticipating the demands and requirements of powerful others and seeking to 'fall in' with them. They tend to be watchful and careful, ensuring that they do not displease those upon whom they depend. As both adults and children they tend to internalise the perspectives of powerful people so as to always 'do the right thing' from the perspective of their attachment figures. For this

reason, they make themselves overly responsible for problems in relationships because (in their own eyes) they did not do this well enough.

A5: A5 individuals use a compulsively promiscuous strategy to avoid emotional intimacy, whilst retaining the companionship of others through physical displays of apparent intimacy. They are indiscriminate in their affections, as trust is not needed in relationships; indeed it is specifically feared, as such genuine intimacy feels dangerous. They may become sexually promiscuous in order to avoid getting close, whilst still avoiding (physical) isolation. Although the strategy cannot fully develop until adolescence, with the onset of sexual development, it is seen partially in adopted and fostered children who preferably seek stranger relationships and so avoid further rejection and harm from trusted adults.

A6: Individuals using a compulsively self-reliant strategy aim to avoid intimacy altogether by meeting their own needs. This achieves a level of self-protection at the expense of isolation. Like the A5 strategy it is only fully seen post-adolescence, when the necessary self-protective skills are learned.

A7: Delusionally idealising individuals have faced severe and pervasive danger over which they had no control. They have learned to protect themselves by taking on the perspective of their abusers so completely that they have lost sense of their own perspective almost completely. This is done through radically (delusionally) idealised representations of their attachment figures that have functioned to dismiss their own negative feelings, which would have been extremely dangerous to them. It is the interpersonal version of the 'Stockholm Syndrome', where captors so identified with their abusers, upon whom they depended for survival, that they fought against their own rescue. This pattern only develops in adulthood.

A8: Individuals using an A8 strategy (“externally assembled self”) have so lost a conception of themselves that they have built up their ‘self knowledge’ externally, from professionals, case files etc. They are typically adults who have experienced the Care system as children, lacking any internal reference point for their own memories and experiences, as a result of frequent changes of carer.

TYPE C PATTERNS

C1-2: The C1-2 (threatening-disarming) strategy involves exaggerating ones own negative feelings to coerce others into being more predictable. This typically means alternating displays of angry or irritable behaviour with excessively vulnerable or ‘coy’ submissive displays, to placate angry responses from attachment figures. The combined ‘push-pull’ of the alternating exaggerated feelings keeps unreliable and unpredictable caregivers or attachment figures available through locking them into a struggle. The ‘odd’ number C strategies focus more on anger, and the ‘even’ patterns exaggerate vulnerability. C1-2 is the normative version of these patterns, and such individuals are often more controlled away from their attachment figures (i.e. in school or work situations) and also are less likely to push their relationships to the point where they break, or where the strategy becomes damaging to others or themselves.

C3-4: *“The C3-4 (aggressive-feigned helpless) strategy involves alternating aggression with apparent helplessness to cause others to comply out of fear of attack, or assist out of fear that one cannot care for oneself”* (Crittenden, 2010). Individuals using a C3 strategy focus on aggression to fight off attachment figures believed to be intrusive, whereas those using a C4 strategy exaggerated their own helplessness to invite others to step in and help them.

Individuals using this strategy try and make caregivers more attentive to them by continually 'creating' problems and needs that the attachment figure is required to 'solve'.

C5-6: The C5-6 strategy (punitively obsessed with revenge and/or seductively obsessed with rescue) is a more extreme form of C3-4 that actively uses deception to hide their strategy from others. Those using a C5 pattern appear cool and distanced; powerful and 'unaffected', yet they tell their story in such a way as to draw others into feeling angry on their behalf. They therefore mask their own vulnerability in order to present themselves as 'above' the feared and hated other. Adults using a C6 patterns present themselves as in need of rescue, misleading others as to the extent of their anger, so as to draw others into taking up their cause and stepping in on their behalf.

C7-8: *"C7-8 (menacing-paranoid) is the most extreme of the Type C strategies and involves a willingness to attack anyone combined with fear of everyone."* (Crittenden 2010). The patterns become delusional at the extreme, with the desire for 'infinite revenge' (C7) or 'complete paranoia' (C8).

A/C AND AC

A/C: A/C strategies combine any sub-patterns and are usually adults with complex histories where one pattern proved insufficiently protective. These psychologically opposite patterns may be alternating (in respect of different relationships, dangers, or situations) or subtly blended, the most extreme version of which is psychopathy.

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